

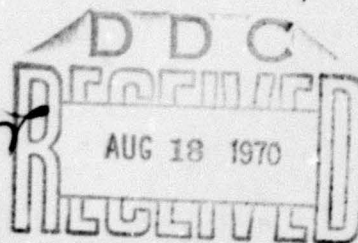
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**A SURVEY OF ARMY COMMUNITY SERVICE CENTERS:
WELFARE PROBLEMS, SERVICES, PERSONNEL
AND RESOURCES**

**Major Donald A. Myles, MSC
United States Army**

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THE CATHOLIC UNIVERSITY OF AMERICA
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A SURVEY OF ARMY COMMUNITY SERVICE CENTERS: WELFARE
PROBLEMS, SERVICES, PERSONNEL AND RESOURCES

A DISSERTATION

Submitted to the Faculty of the National Catholic School
of Social Service of The Catholic University of America
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Social Work

by

Donald Albert Myles, M.S.W.

Washington, D.C.
1970



Or

Arnold C. Leedy
As director and by Professors

_____ and _____

DEDICATION

With love and gratitude to my wife, [REDACTED] and
my children, [REDACTED] [REDACTED] [REDACTED], who
will no longer have to ask--"When
will the dissertation be finished?"

ACKNOWLEDGMENTS

This dissertation could not have been completed without the valuable assistance and encouragement provided by members of the faculty, fellow Army Social Work Officers, personal friends and fellow students, and members of my family.

Although involved in no direct way with this study, the writer takes this opportunity to pay tribute and express sincere thanks to a dear friend, former superior, and past Social Service Consultant-- Colonel Harry J. Adams, M.S.C. In many ways, Colonel Adams' interest in the writer, his continuous guidance, his constant support and encouragement, and last but not least his devotion as a friend contributed greatly to the writer's professional and Army-career development. Upon his recent death, the writer lost a true friend and fellow compatriot.

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Special appreciation must also be conveyed to Professors Daly and Deasy, readers of the dissertation. Professor Daly, although occupied with the duties and responsibilities concomitant with her role as Dean of the National Catholic School of Social Service, expended time to offer valuable assistance and direction, especially with regard to the subject of effective manpower utilization as related to this study.

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TABLE OF CONTENTS

ACKNOWLEDGMENTS	
LIST OF TABLES.	
KEY TO ABBREVIATIONS.	

Chapter

I. INTRODUCTION	
Development and Formulation of the Problem	
Interest in the Problem	
Theoretical Context of the Study	
Summary	
II. THE ARMY COMMUNITY SERVICE PROGRAM.	
Description of the Development of the Army	
Community Service Program	
Army Community Services Today	
III. REVIEW OF THE RELEVANT LITERATURE	
Defining and Assessing the Nature of Social	
Welfare Problems	
Developing Social Welfare Services	
The Assignment of Service Tasks and Differentiation	
Utilization of Social Welfare Personnel	
Coordinative Planning between Social Welfare	
Agency Resources in Developing Service	
Programs	
Research Methodology Issues	
Summary	
IV. METHODOLOGY	
Defining the Research Problem	
Securing Agency Approval and Support	
Developing the Research Instruments	
Definition of Terms	

Chapter		Page
	The study Population	
	The Pretest of the Questionnaire	
	Mailing Procedures	
	Method of Data Analysis	
V.	CHARACTERISTICS OF THE STUDY POPULATION	126
	Questionnaires Mailed and Returned	
	The Study Sample	
	Summary of Respondent Characteristics	
	The Directors/Coordinators of Volunteers	
	Summary of Respondent Characteristics	
VI.	SOCIAL SELFARE PROBLEMS AND SOCIAL WELFARE SERVICES.	167
	Social Welfare Problems	
	Social Welfare Services	
	Summary	
VII.	PREFERENCES CONCERNING THE UTILIZATION OF PERSONNEL INSERVICE DELIVERY.	184
	First Choice and Not At All Preferences	
	First Choice Preferences	
	Not At All Preferences	
	Lack of Agreement on Preferences	
VIII.	STAFF RESPONSIBILITIES, UTILIZATION OF SERVICES, AND INTERACTION WITH OTHER RESOURCES BY ACS OFFICERS.	194
	Staff Responsibilities for Services Provided	
	Client Utilization of Services Provided	
	Contacts/Interaction between ACS Officers and Other Welfare Agencies	
	Summary	
IX.	SUMMARY AND CONCLUSIONS	223
	The Study Problem	
	Method	
	Summary of Findings	
	Conclusions	
	Implications and Recommendations	
	Limitations	
	Recommendations for Further Research	

Chapter	Page
APPENDIXES	
I. QUESTIONNAIRE AND RELATED MATERIALS	242
II. ARMY COMMUNITY SERVICE DOCUMENTS.	283
III. TABLES 22-26.	293
IV. TABLES 28-30.	317
V. TABLES 31-33.	335
BIBLIOGRAPHY.	346

LIST OF TABLES

Table	Page
1. Distribution of Study Participation by ACS Centers and ACS Personnel.	110
2. Summary of Questionnaires Mailed and Returned.	127
3. Rank of Military Respondents	130
4. Respondents' Army and ACS Experience	131
5. Respondent Groups' ACS Duty-Positions.	132
6. Professional, Subprofessional, and Nonprofessional Respondents' ACS Duty-Positions.	133
7. Respondents' Social Work Experience.	136
8. Work Positions of ACS Personnel Without Social Work Experience	137
9. Professional, Subprofessional, and Nonprofessional Respondents' Types of Social Work Experience	141
10. Professional Respondents' Types of Social Work Experience	143
11. Subprofessional and Nonprofessional Respondents' Types of Social Work Experience.	144
12. Professional Respondents' Duties--Functions: Frequency of Performance	145
13. Subprofessional and Nonprofessional Respondents' Duties--Functions: Frequency of Performance	147
14. Additional Military Duties Performed by ACS Officers Who Were Social Work Officers.	150
15. Additional Military Duties Performed by ACS Officers Not Social Work Officers	151

Table	Page
16. Additional Military Duties Performed by ACS Social Work Officers	152
17. Additional Military Duties Performed by ACS Enlisted Personnel	153
18. Level of Rank of Volunteer Coordinators/Directors . .	156
19. Degrees Held by Volunteer Coordinators/Directors and Major Areas of Academic Study.	157
20. Duties of Coordinators/Directors of ACS Volunteers . .	158
21. Volunteer Committees and Number of Volunteers Assigned to Committees as Reported by Volunteer Coordinators/Directors	161
22. Army Community Service Officers' Ratings of Problems Experienced and Brought to ACS Centers Most and Least Often by Client Types.	296
23. Other Officers' Ratings of Problems Experienced and Brought to ACS Centers Most and Least Often by Client Types	301
24. Civilian Personnel and Enlisted Men's Ratings of Problems Experienced and Brought to ACS Centers Most and Least Often by Client Types	305
25. Volunteer Coordinators/Directors' Ratings of Problems Experienced and Brought to ACS Centers Most and Least Often by Client Types.	309
26. Social Work Officers' Ratings of Problems Experienced and Brought to ACS Centers Most and Least Often by Client Types.	313
27. Problems Experienced and Brought to ACS Centers Most and Least Often by Client Types as reported by Five Respondent Groups.	174
28. Social Welfare Services Provided by ACS Centers as Reported by ACS Officers.	322
29. Identification of Needed Social Welfare Services as Reported by Five Respondent Groups.	327
30. Respondents' Preferences: Delivery of Specific Social Welfare Services by Professional, Subpro- fessional and Nonprofessional Personnel.	330

Table	Page
31. Staff Responsibility for Provision of Social Welfare Services as Assigned by ACS Officer-Social Work Officers.	336
32. Staff Responsibility for Provision of Social Welfare Services as Assigned by ACS Officers.	340
33. Utilization of Social Welfare Services by Army Personnel as Reported by ACS Officers	343
34. Contacts-Interaction with Other Army Helping Resources as Reported by ACS Officers-Social Work Officers	209
35. Contacts-Interaction with Other Army Helping Resources as Reported by ACS Officers	211
36. Contacts-Interaction with Other Civilian Helping Resources as Reported by ACS Officers-Social Work Officers	214
37. Contacts-Interaction with Other Civilian Helping Resources as Reported by ACS Officers	217

KEY TO ABBREVIATIONS

The following is a list and description of terms and abbreviations utilized in this study. Most are contained in the study tables and are provided in order to make understanding of the study easier for the reader.

ACSO: Army Community Service Officer

ACSO-SWO: Army Community Service Officer-Social Work Officer

SWO: Social Work Officer

ENL/CIV PER: Enlisted/Civilian Personnel

VC/D: Volunteer Coordinator/Director

OO: Other Officer

ASST. ACSO: Assistant Army Community Service Officer

ACS COORD: Army Community Service Coordinator

CHIEF, SOC WRK SECT: Chief, Social Work Section

ACS SOC WRK OFF: Army Community Service Social Work Officer

CIV SOC WRK ASST: Civilian Social Work Assistant

ARMY SOC WRK EXP: Army Social Work Experience

CIV SOC WRK EXP: Civilian Social Work Experience

AG: Adjutant General Corps

WAC: Womens Army Corps

INF: Infantry Corps

QM: Quartermaster Corps

ARTIL: Artillery Corps
TRAN: Transportation Corps
AMEDS: Army Medical Service
MSC: Medical Service Corps

Army Officer Ranks:

WO-1: Warrent Officer First Class
2LT: Second Lieutenant
1LT: First Lieutenant
CPT: Captain
MAJ: Major
LTC: Lieutenant Colonel
COL: Colonel

Army Enlisted Ranks:

E-2: Private
E-3,PFC: Private First Class
E-4: Corporal or Specialist 4
E-5: Sergeant or Specialist 5
E-6: Staff Sergeant or Specialist 6
E-7: Sergeant First Class or Specialist 7
E-8: First Sergeant or Master Sergeant

CHAPTER I

INTRODUCTION

The subject of this research is Army Community Service. The Army Community Service Program¹ is a world-wide service providing information, assistance, and guidance to members of the Army community in meeting personal and family problems. The mission and goals of ACS are generally stated in United States Army Regulation (AR) 608-1.² First, ACS and its personnel are directed to help individuals help themselves to improve their social functioning. Secondly, ACS strives and functions to achieve maximum community stability through the correction and prevention of disruptive influences. Therefore, ACS is required to meet the social welfare needs of the Army community by providing services--direct and referral--to individuals and by engaging in community social planning. The ultimate goal is to develop a basic range and standard of services, while individual ACS centers remain responsive to the needs and conditions of local Army posts or installations. Army Community Service centers are staffed with various personnel types--

¹Hereafter, in this study, the Program is identified as ACS.

²United States Army Regulation No. 608-1. Headquarters, Department of the Army, Washington, D.C., July, 1967.

Army social work officers, enlisted Army personnel, civilian staff personnel, and volunteers.

Development and Formulation of the Problem

It is the Army's objective that ACS provide a basic range and continuity of service within a uniform standard of excellence at every ACS center. However, in order to develop guidelines and policies whereby action can be taken to attain this goal, increased knowledge about the operations of all ACS centers must be secured and unified, especially as this knowledge becomes a requisite for improved community social welfare planning. Reaching this goal is yet further impeded by the presence of specific social and administrative factors which seem to have considerable impact on the operations and functions of each ACS center. As a result of the writer's personal experiences with the operations of ACS centers and observations made during the writer's visits to selected ACS centers, these factors have been identified as follows: (1) social welfare problems, (2) social welfare services, (3) social welfare personnel, and (4) community welfare resources or agencies. These are the factors of which more must be known and upon which this study will be focused.

With the four above-identified factors in mind, it is, therefore, the purpose of this study to explore and describe ~~them~~ as they exist in and affect the operations of selected ACS centers located throughout the world.

To accomplish this purpose necessarily requires a brief examination of the following concepts--social welfare, social welfare

services, and social work. And closely related to these three is the concept of social welfare or social work manpower. For many years there has occurred considerable difficulty and difference of opinion in differentiating among the first three concepts. Such writers as Witmer,¹ Pray,² deSchweinitz,³ and Smalley⁴ have made efforts in this regard but seemingly to little or no avail.

However, the Report published by the Department of Health, Education and Welfare Task Force on Social Work Education and Manpower defines these concepts in a way which demonstrates the inter-relationship between them. For example, social welfare is defined as "the organized system of functions and services . . . that directly support and enhance individual and social well-being, and that promote community conditions essential to the harmonious interaction of persons and their social environment, as well as those functions and services directed toward alleviating or contributing to the solution of social problems. . . ." ⁵ The writer believes that social welfare services are those functions, means, systems, and institutions through

¹Helen Witmer, Social Work (New York: Farrar and Rinehart, 1942), p. 121.

²Kenneth L. M. Pray, Social Work In a Revolutionary Age (Philadelphia: University of Pennsylvania Press, 1949), pp. 33-34.

³Ruth Elizabeth Smalley, Theory for Social Work Practice (New York: Columbia University Press, 1967), pp. 3-4.

⁴Ibid.

⁵U.S. Department of Health, Education and Welfare, Closing the Gap . . . in Social Work Manpower (Washington, D.C.: Government Printing Office, 1965), pp. 7-8.

which the goals of social welfare are reached. The Department Task Force Report identifies the following types of services: (1) Social services to individuals, families, groups, and communities . . . focused on strengthening family life and enhancing individual social functioning; on preventing, remedying, or coping with the results of individual or group social breakdown; and on the development of community conditions supportive of individual and family functioning; (2) Social services offered in conjunction with health, education, or other related programs; and (3) Social planning activities and the organized development of social policy to foster conditions supportive of individual and social well-being, and to eliminate environmental conditions hostile to the welfare of individuals, families, groups, and communities. Such planning and policy development is carried out through community councils and in neighborhood and regional social planning organizations.¹ Concerning social work, the Report states that it is "the system of organized activities carried on by a person with particular knowledge, competence, and values, designed to help individuals, groups, or communities towards a mutual adjustment between themselves and their social environment."² Or, according to deSchweinitz, social work "is the body of knowledge, skill, and ethics, professionally employed in the administration of the social services and in the development of programs for social welfare."³

¹Ibid.

²Ibid.

³Smalley, Theory for Social Work Practice, p. 5.

The writer considers these definitions particularly relevant to this study for they appear to have a direct relationship to specific components of ACS. For example, social welfare pertains to the existence, structure, and over-all mission of ACS. The writer assumes that the social welfare services identified previously are very similar in nature and purpose to the functions carried out and services provided by ACS centers. And the writer expects that social work, as defined above, suggests responsibilities and duty tasks of social work officers, enlisted social work/psychology specialists, and other social work personnel functioning within ACS centers.

In addressing itself to the concept of social work manpower and its inherent issues, the Task Force Report states that many social welfare activities may be accomplished satisfactorily by a diversified staff with different qualifications and different assigned responsibilities.¹ Within most social welfare agencies, the manpower or diversified staff available to conduct such activities consists of graduate social workers, social workers of college level preparation, i.e., social welfare technicians, and volunteers. Are such personnel assigned to or present in ACS centers? Are tasks assigned to them in relation to their competence, and, if so, in what manner? Daly suggests that "an increasingly important dimension of both social planning and social administration is determination of the range and mix of personnel which are needed to achieve the aims of the

¹U.S. Department of Health, Education and Welfare, Closing the Gap . . . in Social Work Manpower, p. 9.

[agency] program and to assure effectiveness and economy in service provision."¹ Does such a "dimension" exist within the ACS Program, and if so, how is it operationalized by individual ACS centers? Providing answers to these questions lies within the purview of this study.

The writer's seven years as an Army Social Work Officer has included assignments to various types of social work settings. Experience and knowledge gained from these assignments serve, in part, as a basis for conducting this research study. The writer first became interested in ACS in 1965, when the Department of the Army officially announced the creation and establishment of ACS. At that time, the writer was assigned as a Clinical Social Work Officer in a large Army general hospital and had serious questions about the value and need for a program whose personnel would be required to provide services outside of the familiar clinical or hospital setting. The writer also believed that ACS would only serve to duplicate helping services already being provided to servicemen and their families by other established social welfare agencies located at Army posts or installations for example, American Red Cross, Army social work services, mental hygiene consultation services, etc.

¹Dorothy Bird Daly, "Manpower Planning: A Dimension of Social Administration" (paper presented at the National Conference of Catholic Charities, Houston, Texas, September, 1969 and at the Washington Association of Social Welfare, Olympia, Washington, October, 1969) p. 1.

As the writer continued in his Army career, further experience stimulated his interest in ACS. In 1967, the writer served as Social Work Officer consultant to an installation ACS center. In this role, he became more familiar with ACS and began to appreciate the value of its mission and purpose. He also had the opportunity to observe and struggle with many of the operational problems inherent in the organization and functions of an ACS center.

During doctoral study, the writer utilized the ACS Program as a framework for the development of two seminar papers. These papers were entitled "Concepts of Community Implicit in the Army Community Service Program--A Community Organization Perspective," and "The Army Community Service Program: Planning and Providing Welfare Services for the Army Community." Research necessary for the preparation of these papers was accomplished through visits to selected ACS centers. Data gathered during these visits enabled the writer to form some preliminary assumptions about ACS centers. Some of these assumptions were as follows. First, the nature of social welfare problems brought to ACS centers by Army Personnel and their families varies according to the geographical location of the ACS center. It could be expected that there would be significant differences in the nature and distribution of such problems among the community's inhabitants or population.

Secondly, ACS centers differ in terms of social services provided; service programs and service tasks seem to be a function of personnel-skills available at ACS centers. The availability of and the adequacy of assistance provided by helping resources located outside

of the Army community have a certain impact upon the development of Social Welfare Services by individual ACS centers.

And the third assumption drawn by the writer was that personnel utilized for the delivery of services at ACS centers differ widely with regard to job skills--some have and some do not have social work education, training, and experience. Some personnel have and some do not have administrative training and experience.

The writer questioned the reasons for these differences and variations among the ACS centers (as stated in the assumptions) and further considered how great the degree of variations would be. The major question became--how and to what degree do these variations affect the organization and operations of each ACS center and the ACS Program, in general.

A conversation with the Social Service Consultant, ACS Branch, Special Affairs and Review Division, Office of Deputy Chief of Staff for Personnel, Department of the Army, revealed that while speculative responses to the writer's questions could be provided no definitive answers could be made in response to these questions. Accordingly, the writer was stimulated to the conclusion that this problem certainly constituted an area for meaningful research.

The major research questions and objectives of the study, were then identified and can now be stated. The primary objective of this exploratory survey is to develop, in an integrated and unified manner, further knowledge about the operations of ACS by exploring, through the use of specifically designed questions, the following factors as they are related to the ACS Program and its ACS centers: (1) Social

Welfare Problems--(a) What kinds of problems are brought to ACS centers? (b) What is their distribution--who among Army personnel and families experience them and how often?; (2) Social Welfare Services--(a) What service programs do ACS centers provide to Army personnel and their families to assist them in meeting social welfare problems? (b) Who uses these services most often?; (3) Personnel--(a) What personnel are assigned to ACS centers? (b) What are their skill capabilities? (c) What personnel are primarily responsible for delivering specific ACS services? (d) What personnel--professional, subprofessional, or nonprofessional--can adequately deliver specific social welfare services?; (4) Community Welfare Agency Resources--(a) What resources are available in the Army and civilian communities that can be utilized by ACS center personnel in assisting Army families with social welfare problems? (b) What is the nature of contacts and interaction between ACS Officers and these helping resources? (c) How adequate is the assistance provided by these resources?

A secondary purpose of this study is to develop and present a historical description of the development of the ACS Program. This history will include, in part, comments regarding the original perceptions (as conceived by the Program's founders) of the nature and distribution of social welfare problems experienced by Army personnel and their families. Also perceptions of service programs needed and service tasks required of ACS officers and other ACS staff personnel will be presented.

Since this study identifies how professional, subprofessional, and nonprofessional personnel are being utilized in delivering social welfare services within ACS, and further seeks judgments from ACS personnel regarding which of these three personnel types can adequately deliver specific social welfare services, it is hoped that a positive contribution will be made to the manpower crisis which now exists in the social work profession. For example, new methods of better utilizing subprofessional and nonprofessional personnel in the provision and delivery of social welfare services might be identified.

The writer expects that the study's findings could contribute to the development of service guidelines for ACS officers and other personnel and assist in the establishment of a basic range and standard of services in ACS centers. Also conclusions, based on the study's findings, could aid in the development of policies upon which decisions can be made with regard to ACS personnel requirements, training, and utilizations.

Theoretical Context of the Study

In order to provide for greater understanding of the study with regard to its nature and purposes, it is appropriate for the writer to present the following context within which the study, in part, is developed.

Research directed at the general areas of social welfare problems, social welfare services, and effective manpower utilization in social

welfare activities has been described as community welfare research.¹ Martin Wolins states that community welfare research, in attempting to investigate welfare problems and the social institutions which deal primarily with problems--the social welfare services--has focused on two principal questions: (1) What is the nature and extent of the problem? and (2) What is the nature and extent of available services?² According to Wolins,³ the measurement of social welfare problems can be accomplished through the utilization of three primary approaches, one of which is "pressure for service." This approach relies on statistics indicating request for services as a measure of the extent and nature of social welfare problems.

The analysis of social welfare problems might be approached through the use of theoretical models. Nathan Cohen⁴ reports on a model which, in part, contains such questions as who suffers from the problem, and who does or does not define a particular situation as a social problem. Cohen, in discussing the relationship between problem definition and the development of services in response to the problem, makes the following observation:

¹Sidney E. Zimbalist, "What Model for Community Welfare Research," in Research in Social Welfare Administration, ed. David Fanshel (New York: National Association of Social Workers, 1962), pp. 44-50.

²Martin Wolins, "A Base for Community Welfare Studies," in The Social Welfare Forum, 1954 (New York: Columbia University Press, 1954), p. 221.

³Ibid.

⁴Nathan E. Cohen, ed., Social Work and Social Problems (New York: National Association of Social Workers, Inc., 1964).

Since in the final analysis an operating definition of a social problem involves acceptance of responsibility for the problem by some unit of society, either voluntary or public, those problems around which there is some degree of consensus among the people in need, the professional groups providing the service, and the decision makers in the community will have a greater chance of consideration.¹

The manner in which social welfare problems are defined has considerable impact on the development and delivery of social welfare services by social welfare agencies. In developing services to meet social welfare problems, Mencher² suggests that a priority-planning approach be taken. There are four major elements of a priority system: (1) values or goals, in relation to problems, (2) causal factors or variables, (3) professional functions, and (4) specific services. With regard to these four elements, the fundamental role for the community or citizen is the delineation and ordering of the major values or goals,³ i.e., identifying the major problems or needs and determining which ones will be attacked first. Once these have been determined, the ordering of functions and services relevant to these functions is a matter of professional expertise, since the professional is equipped with the best knowledge of causal systems and related cures.⁴ Geismar and Lagay⁵ disagree with Mencher, however,

¹Ibid., p. 366.

²Samuel Mencher, "Current Priority-Planning," Social Work, IX (July, 1964), 27-35.

³Ibid., p. 35.

⁴Ibid.

⁵Ludwig L. Geismar and Bruce W. Lagay, "Planners' and Consumers' Priorities of Social Welfare Needs," in Social Work Practice, 1965 (New York: Columbia University Press, 1965), pp. 76-93.

concerning the establishment of guidelines for the ordering of goals in relation to welfare needs. They assert that need identification is properly the task of the expert, and the prioritization of social welfare problems-needs cannot be accomplished through the democratic process. Hence, this discussion is further limited by the large amount of disagreement which exists in relation to the question of what is the most beneficial and productive way to identify social welfare problems-needs and develop concomitant social services.

It has been said that social policy research has been "incomplete and sparse"¹ in isolating the major social variables which determine the functions of and services provided by social welfare institutions. Mencher states that planning for social welfare services "... will be more exact as we develop more accurate knowledge about the variables which are essential for defining the structure and function of the social welfare services."² The challenge for social welfare institutions is the development of developing means whereby more relevant services, matching social problems-needs, can be provided to a more substantial proportion of the community population. Larry Merrill,³ in answer to this challenge, suggests the use of a cross-section of community volunteers:

¹Samuel Mencher, "Social Policy and Welfare Manpower: Manpower in Social Welfare: Research Perspectives, ed. Edward Schwartz (New York: National Association of Social Workers, 1967), p. 42.

²Ibid.

³Larry Merrill, "A Systems Approach to Social Problems in the Community, XLIII (July-August, 1968), 5-7.

services and sources of services available from public, voluntary, religious, fraternal, and civic organizations; to provide a means for identifying service needs; and to develop a workable plan to develop and implement programs.

When exploring the areas of social welfare problems and social welfare services, personnel and manpower issues must be considered simultaneously. Who will deliver specific social welfare services provided by social welfare agencies? Three types of personnel can usually be found in most social welfare institutions--the professional, subprofessional, and nonprofessional or volunteer. What responsibilities for delivering services should be assigned to or expected of each of these personnel types? Should case coverage become more of a responsibility for the social work assistant and other ancillary welfare workers, as has been suggested by Schwartz,¹ since priority demands will be increasingly made of fully-trained social workers to perform such services as the planning, organizing, developing, analyzing, and administering of social welfare services and programs? Meyer² and Grinker and others³ suggest that the professional only

¹Edward E. Schwartz, "A Strategy of Research on the Manpower Problem," in Manpower in Social Welfare: Research Perspectives, ed. Edward E. Schwartz (New York: National Association of Social Workers, 1966), pp. 153-54.

²Henry J. Meyer, "Professionalism and Social Work," in Issues in American Social Work, ed. Alfred J. Kahn (New York: Columbia University Press, 1959), pp. 319-40.

³Roy R. Grinker, et al., Psychiatric Social Work: A Transactional Casebook (New York: Basic Books, 1961).

performs those activities from which he obtains the greatest personal satisfaction, the greatest status, and the highest economic rewards. The less satisfying or less rewarding tasks are, therefore, left to those below the professional.

Can the volunteer--the "indigenous nonprofessional"¹--who is often a member of the same community or target population served by a specific social welfare agency render services in a way that is beyond the capacity of the professional, or is it true that in bureaucratic organizations the most ineffective services provided in a continuing effort are in one sense those of volunteers?²

Another factor which must be considered when identifying role responsibilities for social welfare personnel is that of determining in what way patterns of utilization of social services or patterns of service consumption have an impact on manpower requirements and the organization of personnel in social welfare agencies. Conversely, manpower requirements and allocations affect the organization of social welfare services.

This dissertation is organized in the following manner. A historical description of the ACS Program is presented in Chapter II. Chapter III contains a review of selected literature related to social welfare problems, social welfare services, social welfare

¹Robert L. Barker and Thomas L. Briggs, Differential Use of Social Work Manpower (New York: National Association of Social Workers, 1968), p. 38.

²C. I. Barnard, The Functions of the Executive (Cambridge: Harvard University Press, 1938), p. 221.

personnel, and social welfare agency resources. Chapter IV contains a detailed discussion of the methodology of the study, including developing the research instrument, results of the pre-test of the instrument, defining the study population, mailing and procedures used to distribute questionnaires, and methods of data analysis. Chapters V - VIII present the findings of the study. The summary of responses and characteristics of the study population appear in Chapter V. Chapter VI contains the analysis of responses to questions about the nature and distribution of social welfare problems brought to ACS centers. The respondents' identification of services provided by ACS centers are also contained in this chapter. Chapter VII identifies the respondents' preferences concerning the delivery of specific social welfare services by professional, subprofessional, and nonprofessional personnel. Chapter VIII presents the ACS officer's responses to the remaining major study questions, including staff responsibility for provision of specific ACS services, the utilization of ACS services, the availability of other Army and civilian community welfare resources and the adequacy of assistance provided by such resources to ACS personnel and ACS center clients, and the nature of contacts and interaction between ACS Officers and other welfare agency resources. In the final chapter, the findings are summarized, conclusions are stated, and implications are drawn. The appendices contain copies of the research instruments, letters, document copies, and selected organizational charts and diagrams.

CHAPTER II

THE ARMY COMMUNITY SERVICE PROGRAM:

PAST AND PRESENT

This chapter contains an historical description of selected decisions made and actions taken by various personnel, branches, divisions, and offices within the Departments of Defense and Army which collectively led to the establishment of the ACS Program. In addition, the ACS Program as it exists today--represented by the hundreds of ACS centers located throughout the world--is described and discussed, with particular focus on its objectives, organizational make-up, and its services.

The value of including an historical component within any social study is strongly expressed by C. Wright Mills who states:

The problems of our times cannot be stated adequately without consistent practice of the view that history is the shank of social study. Without the use of history . . . the social scientist cannot adequately state the kinds of problems that ought now to be the orienting points of his studies.¹

The appropriateness of including an historical description of the development of the ACS Program in this study seems to be further supported by Aaron Cicourel's observation that the utilization of historical

¹C. Wright Mills, The Sociological Imagination (New York: Oxford University Press, 1959), p. 143.

materials is useful in helping to establish a general perspective in which to place contemporary sources of data.¹

This historical background is based primarily on the writer's utilization of official Army documents--regulations, memos, correspondence, and disposition forms--as the principal source of data. The writer, realizes, however, the limitations of utilizing such data as the sole basis for an historical account. Such questions--limitations as the following come to mind. Is there a fully reliable procedure for interpreting documents? How far can documents be used as evidence for proof? And Madge reminds the writer that there are reasons to suppose that the user of documents, being remote from the objects of study, is tempted to stretch his material to suit his imaginative thesis and has opportunities for doing so.² Establishing meaning from documents involves determining the meaning which the author of any document intended to convey, and meanings change with the passage of time.³

Nonetheless, the writer believes that for the purposes of developing a preliminary history, reliance on documentary data is acceptable and sufficient, and any inferences and implications drawn

¹Aaron V. Cicourel, "Historical Materials and Content Analysis," in Method and Measurement in Sociology (New York: The Free Press, 1964), p. 142.

²John Madge, The Tools of Social Science (New York: Doubleday Anchor Book, 1965), p. 110.

³Ibid., p. 105.

from the study's historical presentation must be made with full appreciation for the limitations inherent in the data upon which the presentation is based.

The United States Army through the years, has developed and provided a wide variety of health and welfare services for servicemen and their families. These have been examples of how the Army strives to live up to its motto: "The Army takes care of its own." These services range from the primitive casework program of the United States Sanitary Commission during the Civil War to the passage of the Medicare Act in 1956.¹ In addition to this past record, this writer and others^{2,3,4} have observed that the Army during the decade from 1960 to 1970 has displayed a noticeable change in its official attitude towards personal and family problems experienced by its personnel. It could be said that the Army has experienced a rebirth of "social consciousness."⁵ Examples of this rebirth are the Army's interest in family planning; in developing programs for coping with such family problems as handicapped and retarded children; the establishment of "Project 100,000"

¹Col. Edward F. Krise, "The Army Community Service Program," (paper presented at the Sixteenth Annual Military Social Work Seminar, Chicago, Illinois, May 28-29, 1966), p. 1.

²Ibid.

³LTC William S. Allerton (Ret.), "The Sociological Implications of Current Changes in Army Regulations" (paper presented at the Army Social Work Current Trends Course, Washington, D.C., November 30, 1966), p. 1.

⁴Letter, from Dr. Fred Berl, Lecturer, National Catholic School of Social Service, The Catholic University of America, to Donald A. Myles, April 1, 1968.

⁵Allerton, p. 1.

and "Project Transition"; the creation of an Army-wide Correctional Training Facility; and the establishment of ACS.

In spite of the development of these new programs with their own specific helping service, the need continued to be strongly expressed for additional services directed at such social problems as: adoptions and adoption counseling services; guidance in the selection of community housing when Army housing is unavailable; planning for overseas military families and families separated from their Army sponsors; preventive programs against juvenile delinquency; employment or vocational guidance for unemployed dependents and servicemen anticipating discharge or retirement; homemaker services; nursery care for children of working mothers; emergency care and preventive counseling in relation to child abuse, neglect, or abandonment; and financial and consumer buying counseling as a preventive measure against increasing incidences of financial indebtedness among Army personnel and their families.

A review of available official Army documents reveals that in the Spring of 1963 the Department of Defense took steps to initiate the creation of new helping services required to meet the increasing health and welfare needs of military personnel. At that time memoranda¹ were sent from the Office of the Deputy Assistant Secretary of Defense (Health and Medical Services) to the Surgeon Generals of the Army,

¹"Memorandum for Deputy Assistant Secretary of Defense," in ACS Program--Document Notebook No. 1--Inception to May 1965. Office of the Social Service Consultant, Office of the Surgeon General, Department of the Army, Washington, D.C., April 19, 1963.

Navy, and Air Force requesting their comments regarding their assessment of the status of existing health and welfare services serving military personnel and their dependents, as well as their recommendations as to what measures should be taken to improve such services.

The response from the Office of the Surgeon General, United States Army¹ pointed out that the Department of Defense, through its many agencies, had been aware of the complexity of social welfare problems encountered by military families located in the United States and overseas. Each of the branches of the military had a number of agencies and personnel providing required services to military personnel and their families. Among such personnel were: legal assistance officers, personnel officers, Army Emergency Relief Officers, personal affairs officers, Red Cross personnel, chaplains, medical officers, and social work officers. The Surgeon General's reply continued, pointing out that (in 1963) the Army had approximately 300 specialists in the field of mental health on active duty throughout the world. This 300 included psychologists, psychiatrists, and social workers, among whom were child psychiatrists, and counselors in the fields of adoption, marital relationships, family management and other related fields. Such personnel, however, were available primarily through medical channels only.

While the reply from the Office of the Army Surgeon General did not directly identify new social welfare services which should be provided to military personnel and their families, it identified the

¹Ibid.

considerable need which existed for the establishment of a coordinating agency under Department of Defense auspices. Such an agency would provide guidance and assistance to servicemen and their families through Department of the Army, Navy, and Air Force by coordinating available helping social welfare services and developing additional services as required to meet the ever-increasing complex, social welfare needs and problems indicated. The Surgeon General's Office further volunteered to participate in the planning of such an agency and, if requested, agreed to provide a professionally qualified Army social work officer for demonstration purposes.

On 14 January 1964, the Army Surgeon General's Office was informed by the Office of the Deputy Chief of Staff for Personnel (ODCSPER) that it had approved the establishment of a Family Services program for Army-wide implementation.¹ It was contemplated then that the program would consolidate all resources or services available to commanders for the resolution of personal problems experienced by Army servicemen and their families. The Personnel Services Division, ODCSPER, was assigned staff responsibility for developing and monitoring the program. The ODCSPER also requested that the Office of the Surgeon General assign a qualified officer to its office to serve as consultant and assist in the development of an initial program. However, ODCSPER indicated that a professionally competent Woman's

¹"Family Services Program for Military Personnel and their Families" (Disposition Form) in ACS Program--Document Notebook No. 1--Inception to May 1965, January 14, 1964.

Army Corps officer would have ultimate responsibility for implementing the program.

In response to the request from ODCSPER, the Surgeon General's Office expressed its pleasure at ODCSPER's agreement to establish a program which would provide vitally needed social welfare services to Army personnel and their families.¹ The Surgeon General's Office stated that if effectively implemented, the contemplated scope of the program could alleviate stress among Army families and contribute markedly to troop morale. The Surgeon General further directed that his Social Service Consultant--The Chief Army Social Work Officer--would assist in the development of the Family Services program and serve at the convenience of the ODCSPER. In addition, the Office of the Surgeon General restated a previous recommendation that the officer assigned final operational responsibility for the program should possess professional qualifications comparable to those held by the Social Service Consultant. These qualifications consisted of a Master's Degree in Social Work, a Doctor of Social Work Degree, and some 18 years of military service and social work experience.

It therefore became the principal task for the program's Project Officer--the assigned WAC Officer--and the Social Service Consultant, along with the assistance of their respective staffs, to prepare the first proposal recommending establishment of an Army-wide

¹"Family Services Program for Military Personnel and their Families" (Disposition Form) in ACS Program--Document Notebook No. 1--Inception to May 1965, January 23, 1964.

Family Services program for submission to the Office of the Army Chief of Staff for approval.

The first proposal, entitled Development of an Army Community Services Program,¹ was submitted to the Chief of Staff's Office in March, 1964. Of this proposal, the then Social Service Consultant commented as follows:

The plan was thought about, fought about, proposed, rejected, revised, and nearly discarded. . . . Maneuvering the plan through the complex channels of a bureaucratic structure was at times humorous and others horrendous.²

The proposal has particular relevance to this study in that it began to identify the nature and distribution of social welfare problems experienced by Army personnel and their families. Social welfare services which existed within the Army when the family services program was only at the planning stage are discussed, and initial conceptions regarding personnel requirements and manpower utilization within the program are highlighted. The proposal also served to delineate some of the administrative strategy and actions required to secure approval for the establishment of a totally new program within a large bureaucratic organization such as the United States Army. Accordingly, selected parts of the proposal are summarized in the following paragraphs.

¹"Development of an Army Community Services Program," in ACS Program--Document Notebook No. 1--Inception to May 1965, March 13, 1964.

²William S. Rooney, "Panel Presentation on Essential of an Effective Installation ACS Program (paper presented at the Department of the Army Conference on Army Community Service, November 29, 1966), p. 3.

The central problem to which the proposal was addressed was to develop an Army-wide program of coordinated family services as directed by The Deputy Chief of Staff for Personnel, Department of the Army. The key underlying assumptions supporting the proposed development of such a program were first that improved coordination and integration of existing Army social welfare services would provide more effective service to Army personnel and their families; and, secondly, the Department of the Army wanted to develop a program which would utilize Army professional resources and meet high standards of economy, efficiency, and effectiveness in organization and services rendered.

Reality factors supporting the need for the establishment of a family services program were identified in the proposal. For example, the proposal pointed out that resources capable of providing needed services when properly coordinated exist in both the Army and the civilian community. Also, in response to social welfare needs of Army personnel identified by individual commands, diverse activities had evolved in field installations, without Department of the Army guidance or coordination. And finally, according to the proposal, the interest shown by the Assistant Secretary of Defense (Manpower) in the development of an Army family services program was based, in part, on the fact that the Army was the only military service having a substantial number of professionally trained social workers in uniform. The Assistant Secretary of Defense expressed hope that the Army plan would be based upon this professional resource. If the Army could produce a professionally oriented program, the Department of Defense would be inclined to establish it as the desired program for all military services.

The proposal further indicated that the basic philosophy underlying the establishment of a system of Army community services would be that of self-help, that is, to enable the individual soldier to identify and use his own resources to the maximum extent in the resolution of his problem. Neither the civilian nor the Army communities could offer all the services which can be of use to Army personnel and their families. Total service would not be the desired objective.

With regard to personnel, the proposal pointed out that in order to provide adequate service, volunteer skills and abilities would have to be incorporated to the maximum extent. In the interests of proper direction and augmentation of the self-help concept it was essential that volunteer services be professionally supervised.

The section of the proposal entitled "Background" contains a sociologically-oriented framework which appears to serve as further amplification of and justification for the need to create and establish a family services program. While the contents served further to identify social problems experienced by Army families in addition to citing current social service programs available to Army families for guidance and assistance in the resolution of their problems, its strongest contribution is that it identified significant trends that were then developing in an effort to fill existing social welfare service gaps.

First, many civilian and Federal agencies were becoming increasingly active in attempting to provide needed welfare services to military families; and, secondly, local military commanders were attempting to cope with such problems through various channels which they believed were suitable to

local welfare needs. The services provided to Army personnel and their families by the many civilian and Federal agencies were frequently needed and also were often not being provided by the Army or other military services. While the provision of such services was not to be discouraged, it was the Army's conviction that it would be in its best interest to direct and channel such services to assure maximum effectiveness and minimal interference with those military operations necessary to accomplish the Army mission.

In relation to the many agencies providing assistance to servicemen, the proposal indicated that work towards the resolution of social problems of Army families had, over the years, involved such agencies as American Red Cross, Army Emergency Relief, housing offices, chaplain services, mental hygiene consultation service, Army health nurse, and other various agencies. In addition, a number of bureaus within the Department of Health, Education and Welfare, state and county welfare agencies, and private agencies have been called upon. In overseas areas, problem-need situations have been reported which involved a number of Army agencies; the Departments of State; Health, Education, and Welfare; The International Red Cross; International Social Service; and local (foreign) government and private agencies. According to the proposal, such multiple involvement by various agencies, without proper coordination, often confused the Army client or the Army family seeking assistance. Also, it was often wasteful and created an unfavorable situation for the Command, and it impaired the Army image in sensitive geographical areas abroad. Coordination of

such multiple activities and services would be one objective of the Community Services Program proposed.

The proposal further pointed out that in addition to becoming increasingly aware of the need to consolidate and coordinate social welfare services at Post and unit level, military unit Commanders were desirous of developing an effective relationship with public and private agencies in order to provide necessary welfare services to Army personnel and their families. Consequently, several military-civilian councils and agencies designed to accomplish the purposes presented in the proposal had developed. This resulted in a series of variegated arrangements which contributed to, but did not always accomplish, the intended mission. While professional people of several disciplines usually were involved, the leadership of the program was frequently based on considerations other than specific preparation in this specialized area, i.e., the ability to develop and deliver needed social welfare services.

The proposal concluded by stating that the need for sound planning and professional guidance in meeting the complex social needs of Army personnel and their families was acute. The Department of the Army could insure a professionally sound, feasible, and coordinating agency as recommended in the proposal. While unit commanders would retain direct control of and responsibility for the operation of local Community Service program units, the Department of The Army would provide the necessary professional guidance, organizational structure, and channels to assist local commanders in this important area. According to the proposal, the need for such an office at

Department of the Army and local levels to standardize channels of communication, facilitate liaison, and define responsibility had often been expressed by both private and governmental agencies.

The following statement by Eleanor Cockerill summarizes the charge to which the authors of the proposal, with its concomitant recommendations, appear to have responded.

Social institutions, including social agencies, have developed in relation to areas of human need and represent the organized response of the community to human need. In the historical and evolutionary process, the concept of function in relation to a particular institution or agency frequently undergoes change in response to new factors in the total situation. Function, therefore, should reflect at any given time optimal understanding of human need in the light of scientific findings and in the context of the service potentialities of the total community.¹

The proposal identified two alternative courses of action-- Plan A and Plan B--to bring about development and implementation of the Community Services Program. Since the proposal recommended approval of Plan A, only its contents are summarized and enclosed in this historical account. (A complete copy of Plan A is enclosed in Appendix II of this study.)

The central characteristic of Plan A is its creation and utilization of pilot projects to demonstrate the need for and the value of developing an Army-wide Community Services Program. The Pilot Project-Plan A had four purposes: (1) to establish a professionally-oriented organization for the initial development and implementation of an effective Army-wide Community Services Program

¹Eleanor E. Cockerill, et al., A Conceptual Framework for Social Casework (Pittsburgh: University of Pittsburgh Press, 1956), pp. 1-3.

in support of community efforts to meet the social welfare needs of the Army community; (2) to develop methods of achieving close coordination of existing military and civilian resources offering assistance in the resolution of personal and family problems of Army personnel; (3) to insure maximum utilization of professionally trained personnel within current manpower resources; and (4) to achieve maximum training and utilization of volunteers in an effectively organized and operating program.

Benefits accrued from the establishment of Pilot Projects were anticipated. For example, it was expected that the projects would provide a valid testing of concepts, policies, and practices for the establishment of a sound Community Services Program for Army-wide implementation. Also, it was expected that the projects would provide an opportunity for evaluating the variety, complexity, and impact of problems existent among Army personnel and their families. Finally, the projects would allow for an evaluation of the proposed program by six Post Commanders (Commanders of the posts at which the projects would be located) and their staffs.

Plan A required the re-assignment of twelve Army social work officers, assigned to the Surgeon General, Department of the Army, to the Pilot Project centers. The Plan described what some of their duties would be. These professionally qualified personnel would provide post level coordination with professional staffs of public and private civilian agencies whose resources must be effectively employed in the interests of Army personnel and their families. The social work officers would conduct professional training and supervision

of volunteers, and they would provide the Commander with professional staff representation in appropriate community activities, as required. Maximum utilization of qualified volunteers was essential to the operation of the Pilot Projects.

In conclusion, the first proposal submitted to the Office of the Army Chief of Staff recommended that: (1) Plan A be approved; and (2) the program to be developed by Department of the Army be designated "Army Community Services," and the officer in charge of its development be designated, "Chief, Army Community Services."

In July, 1964, a memo¹ was sent from the Army Surgeon General's Office to the ODCSPER, Personnel Services Division, favorably indorsing the proposed Army Community Services program. The memo stated that the program had the potential of: (1) providing for judicious use of existing community welfare helping resources through coordination and cooperation; (2) strengthening family ties; (3) contributing to the prevention of social disorganization and promoting social well-being; (4) developing new helping services and resources to meet needs of Army personnel and their families. The assignment of professional social work officers would provide for careful evaluation and planned service to Army personnel and their families in order that they might be better prepared and able to receive social and personal impediments that affect family life, military effectiveness, and morale.

¹"Army Community Service," (Disposition Form) in ACS Program--Document Notebook No. 1--Inception to May 1965, July 2, 1964.

On 22 October 1964, approximately seven months after the initial proposal was submitted to the Office of the Chief of Staff, United States Army, the Vice Chief of Staff returned the proposal without action to the DCSPER.¹ Generally, the remarks of the Vice Chief of Staff were to the effect that the problem had not been defined; there was no assessment of the nature and extent of the problem; there was no analysis of what is now being done and by whom; and there was no explanation of the function, responsibility, or command and staff relationships between what is proposed and what exists.² More specifically, however, the Vice Chief of Staff directed that: (1) definite objectives for the ACS Program be defined; (2) a world-wide "theme" be developed so that every soldier and dependent would be able to identify and recognize "Army Community Service" no matter where they may be assigned; (3) some means to "push" the Post Commander who did not want ACS established be developed, since current plans within the proposal were directed only to those who are interested in establishing ACS; and (4) sampling be enlarged--overseas commands and Department of the Army civilians overseas must be included in any plan developed.

As a result of the elimination of the proposed pilot projects, and in response to the action and suggestions of the Vice Chief of Staff, the advocates and supporters of establishing an Army

¹"Army Community Service" (Memorandum), in ACS Program--Document Notebook No. 1--Inception to May 1965, December, 1964.

²Ibid.

Community Services Program planned the following action, the results of which were to be included with the second proposal recommending the establishment of the Program. First, the ODCSPER would dispatch letters to all major commanders requesting their assessment of the need for establishing an ACS Program. Letters would also be sent to four overseas commanders and the Commanding General, Continental Army Command. Secondly, opinions as to the desirability of establishing the Program would be secured on an Army-wide basis through the use of a sample survey of selected Army installations and posts. Opinions and suggestions concerning the need for and establishment of the Program would be solicited from a cross section of Army wives. And, finally, data would be provided from the results of a survey of social welfare needs, problems, and resources directed to 150 Army social work officers which was being conducted by the Social Service Consultant to the Army Surgeon General.

The revised second proposal recommending the establishment of an Army-wide Community Services Program was submitted to the Office of the Chief of Staff in June, 1965,¹ approximately eight months after the first proposal was returned without any further action. By way of summary, the second proposal contained the following documents: (1) the opinions of eleven major Army commanders and the Surgeon General regarding whether or not the Army Community Services Program should be established, (2) information obtained through utilization of a Personnel

¹"Army Community Service" (Summary Sheet) in ACS Program--
Document Notebook No. 2--June, 1965 to April 13, 1966; June 9, 1965.

Sample Survey, dated February 1965, (3) samplings of family problems experienced by Army personnel, (4) a complete discussion of organizational and administrative factors bearing upon establishment of the ACS Program, (5) an outline plan of the revised ACS Program, (6) a summary of estimated logistical and personnel support requirements for establishment of the Program, and (7) a draft letter for announcing to major commanders the establishment of the Program. It is important to highlight selected passages from these documents, in terms of their special relevance to the purposes of this study.

In his letter to eleven major commanders and the Surgeon General¹ soliciting their views on the order of magnitude and the effect of social welfare problems on Army personnel and their families, the Deputy Chief of Staff for Personnel began to identify the total scope of the problem toward which the ACS Program, in part, would be directed:

Army families have increased in number from approximately 67,000 in 1940 to over 450,000 in 1964. Complicating this picture is the fact that over 350,000 of these families reside off post in the civilian community, and over 72,000 are separated from their sponsors for one reason or another. Meeting the needs of over 1,300,000 dependents, and hundreds of thousands of retired military personnel and their families, continues to tax the limited resources we can devote to this.²

The replies of the twelve respondents to the Opinion Survey conducted by the ODCSPER served further to identify the scope of the

¹"DCSPER Letter to Major Commanders (Inclosure 1 to Inclosure 4, Summary Sheet) Army Community Service," in ACS Program--Document Notebook No. 2--June, 1965 to April 13, 1966; June 9, 1965

²Ibid.

problem and favorably indorsed the establishment of an Army Community Services Program. For example, ten respondents assessed the magnitude of personal family problems facing Army personnel as "great or significant," while only two found such an assessment as "difficult to evaluate."¹ In response to the question--are local post, camp, and station family service efforts providing sufficient information and assistance to enable Army family and Department of Army civilians overseas to meet successfully the unforeseen problems created by the exigencies in the U.S. Army world-wide, today and in the foreseeable future?--six respondents replied "No," three "Yes," and three "No positive opinion."² As a strong endorsement of the need for centralizing Army family service efforts in a single, easily identified point of information and referral, nine respondents indicated that such services were generally not centralized while the remaining three gave replies of "generally yes," "yes and no," and "no comment."³ All the eleven commanders and the Surgeon General felt generally that the Army was losing skilled, career-oriented servicemen because of the provision of inadequate information, guidance, and assistance in meeting their personal and family problems.

The section of the proposal which contains an analysis of organizational and administrative factors having an affective relationship

¹"Opinion Survey of Commanders (Inclosure 3 to Inclosure 4, Summary Sheet) Army Community Service," in ACS Program--Document Notebook No. 2--June, 1965 to April 13, 1966; June 9, 1965.

²Ibid.

³Ibid.

to the establishment of an ACS Program¹ identified some of the issues and considerations related to both logistic and personnel requirements and utilization within ACS.

The proposal shows that while major commanders surveyed supported the need for establishment of the Program, they indicated that space, fund, and personnel requirements dictated a policy of gradual implementation of the Program in the United States and overseas. However, the Commanding General, United States Continental Army Command, in addition to others, stressed the importance of individual commanders providing fund and personnel support, including Army social work officers, to the Program as a means of insuring effective operation from the outset. With full recognition that the impact of priority requirements upon command resources limited or prohibited provision of personnel support to an ACS-type activity, the Program's designers expressed (in the proposal) the opinion that once ACS became completely operational it would significantly reduce man-hours expended by commanders and staff personnel agencies in administrative actions, and in seeking helping resources for Army personnel who experience social and personal problems.

The analysis-discussion within the proposal continued and indicated that even though world-wide commitments of personnel and priority requirements of Vietnam and other troubled areas placed a

¹"Complete Discussion--Army Community Service," (Inclosure 1 to Summary Sheet) in ACS Program--Document Notebook No. 2--June, 1965 to April 13, 1966; June 9, 1965, p. 1.

heavy burden upon existing resources, these same requirements intensified and strengthened the need for anxiety-reducing measures and services to assist Army families in adjusting to required separations and the dangers faced by the separated sponsor, i.e., the Army soldier.

Issues and plans regarding personnel requirements and manpower utilization are also presented in this part of the second proposal. Volunteers would comprise the major source of personnel required to operate the ACS Program. Time would be required to recruit, mobilize, and train the effective volunteer corps required. The utilization of volunteers in ACS would not, however, eliminate the need for assignment of Department of Army civilian and military personnel. Experience had shown that while volunteers can, and do, provide major support to activities such as ACS, they cannot, and do not, provide continuity or service on a predictable basis.¹

Concerning the use of professionally-prepared social workers in ACS, the proposal indicated that the following personnel or agencies--Department of the Army, Office of the Surgeon General; Headquarters, American Red Cross; Commanding General, United States Continental Army Command; and Headquarters, Army Emergency Relief--recommended that the skills of professionally trained Army social work officers be employed in support of the ACS Program. This was based upon the assumption that social work officers are trained and experienced in advising and assisting others through a self-help approach to problems, in communicating effectively with civilian social welfare

¹Ibid.

agencies, and in locating and developing needed community welfare resources and services. The legal and ethical aspects of social welfare programs require sufficient professional knowledge and experience to insure maximum protection of the individual and of the activity concerned.¹ Personnel requirements, as stated in the proposal, recommended that approximately fifty per cent of the officer requirement for staffing ACS be filled by Army social work officers.

The Outline of the Proposed Army Community Service Program, contained within the proposal, defines the Theme of the Program and identifies the ACS Symbol which represents the concept and philosophy of ACS. The Objectives of the Program are stated as well as the Services to be Rendered by ACS. Eligibility for services is also defined. The following areas of organizational and administrative concern are also included in the Outline--staff supervision and command responsibility, criteria determining establishment of ACS activities, facilities and funds, and a planned schedule for program implementation. (A copy of the Outline of Proposed Army Community Service Program--ACS is enclosed in Appendix II of this study.)

On 25 July 1965, approximately two years after Army personnel first began their exploration of the need for establishing a family services program, the second proposal recommending the establishment of ACS was accepted, and the Chief of Staff authorized the establishment of an ACS Program on a world-wide basis. In announcing his approval to all major Army Commanders, the Chief of Staff stated that

¹Ibid., p. 2.

the Army Community Service Program "will provide military personnel, Department of Army civilians overseas, and their families a centralized and recognizable service, including information, advice, and assistance in meeting requirements of every-day existence that are beyond their personal capability to solve."¹ The theme for the program is "Self-help, Service, and Stability."² According to the Chief of Staff, the Program emphasized the Department of Army's concern for the provision of services directed at bringing about the immediate relief of troublesome personal and family problems which could have an adverse effect on the morale and military effectiveness of Army personnel and manpower.

Army Community Services Today

What is Army Community Services today? What is the nature of its organizational structure? How does it function in providing welfare services to Army personnel and their families? Answers to these questions and others are provided in the following section of this study, which describes the ACS Program as it exists and functions in today's Army.

The ACS Program, in its organization and functioning, reflects, to a degree, the perceptions and planning ideas of its original founders with regard to its organization and administration, provision

¹"Draft Letter to Announce the ACS Program to Major Commanders" (Inclosure 3 to Summary Sheet) in ACS Program--Document Notebook No. 2--June, 1965 to April 13, 1966; June 9, 1965.

²Ibid.

of services to meet welfare needs of the Army community, and personnel utilization within ACS. Army Regulation (AR) 608-1¹ describes in detail the Army Community Service Program and identifies procedures for the establishment and operation of an ACS Program at the Army installation level.

There are five basic concepts upon which ACS is built; these are: (1) improved social functioning in the Army community, (2) prevention and reduction of disruptive influences, (3) achievement of maximum community stability, (4) the principle of self-determination, i.e., self-help, and (5) recognition that services are not provided to remedy the total situation, but rather to help individuals help themselves. An effective ACS program for Army personnel and their families provides the installation commander with an organized system for joining together and coordinating all available resources for the relief of personal and family problems having an adverse effect upon performance, morale, and retention of skilled Army manpower. Army Community Service also offers Army personnel and their families a source of information and services of a personal nature beyond those furnished by the installation staff.

The mission of ACS comprises three basic objectives. First, to establish a centrally located, responsive, and recognizable service to provide information, assistance, and guidance to members of the

¹Headquarters, Department of the Army. Army Regulation No. 608-1: Personal Affairs--Army Community Service Program, Washington, D.C., July 6, 1967.

Army community in meeting personal and family problems beyond the scope of their own resources. The second objective is to reduce man-hours consumed by commanders, staff officers, and individual soldiers in seeking appropriate welfare services to assist in the resolution of complex personal problems. And, the final objective is that of improving retention of military personnel through increased career satisfaction.

The criteria for establishment of an ACS Program are essentially determined by the population of the post or installation upon which the ACS is to be established. The population of the host installation also affects the organizational structure of the ACS center as well as the type of personnel assigned to the center. For example, at installations where the strength of the military population is 500 or below and where dependents may join the sponsor (serviceman), the establishment of an ACS program is only encouraged. The program should be designed only to meet the needs of that particular installation.

However, at installations not tenants or satellites of an Army host installation where 500 or more military personnel are assigned and dependents may join them an officer assigned to G-1 or S-1 Section (Personnel Section) must be designated as the ACS Officer. ACS Officer duties may be performed, however, as a primary duty or as an additional duty depending upon the requirements of the installation concerned and the desires of the installation commander. Major personnel support is provided by organized groups of volunteers who are military dependents.

Installations where the military population strength totals 2,000 or more and where dependents may join military sponsors demand a more definite organizational structure as well as a more stable personnel allocation. At such an installation an ACS program must be established. The duty of ACS Officer is a primary duty, not an additional one as with the previously-described installation. Also, at this installation, a Community Service Coordinator and additional personnel as may be authorized are assigned to assist in operating the activity as a primary duty under the supervision of the designated ACS Officer. Again, major personnel support is provided by volunteers.

Generally, the organizational structure of an ACS program or center is determined by local installation conditions, the welfare service needs and requirements of the installation population, and the desires of the individual installation commander. The organizational structure may be altered to fit the commander's resources and requirements. (A chart outlining a suggested organization for an ACS, as recommended in AR 608-1, is enclosed in Appendix II of this study.) Army social work officers and enlisted social work/psychology specialists are assigned to an ACS center when overall personal resources and requirements permit and when the installation dependent population and the complexity of social problems so warrant such assignments. It is a basic requirement that any ACS organization plan include maximum utilization of operating committees comprised of trained volunteers. Such committees provide the installation commander with an effective pool of personnel thereby preventing him from having unduly to increase the level of his military personnel allocations.

Responsibility for the operation and control of an ACS program rests with the individual installation commander. The installation commander is responsible for the establishment of ACS commensurate with the mission, strength, needs, and dependent family population within his area of responsibility. General Staff supervision of the ACS program is the responsibility of the Deputy Chief of Staff for Personnel, Department of Army.

Army Regulation 608-1 identifies those categories of personnel who are eligible to receive assistance from ACS.¹ The categories are: (1) active duty and retired Army personnel and their dependents; (2) members of Army Reserve components on active duty for training and their dependents; (3) Department of Army civilians overseas who are United States nationals, and their dependents, irrespective of their nationality; (4) Department of Army civilians and their dependents in the United States where local civilian resources are not available (in this case, determination of eligibility is made by the installation commander); (5) widows, widowers, and other next of kin, regardless of dependency status, of Army personnel who were on active duty or retired at time of death; and (6) active and retired personnel of the other military services and their dependents for information and referral services when assistance resources of their own service are unavailable.

It would be difficult to identify the many different types of services provided by all the ACS programs and centers functioning

¹Ibid.

at the present time. These services vary considerably depending upon the geographical location of each center and the nature of the population served by each center. Many of the specific services provided by ACS centers are identified later in this study. Army Community Service may involve information and services related to financial assistance, availability of housing, transportation and relocation problems, medical and dental care, legal assistance, orientation of newly-assigned arrivals, and assistance for the solution of more complex personal problems such as emotionally disturbed or handicapped children. Army Community Service is especially interested and involved in providing assistance and services to dependents whose military sponsors are absent, depart suddenly on unaccompanied reassignment tours of duty, or are otherwise absent from the home and unavailable to assist with the many different problems experienced by a dependent under emergency conditions or during separation from her sponsor. A test for the need and adequacy of services is that they are wanted, effective, visible, accessible, efficient and related to other services.¹

The successful operation of an ACS center relies, in part, upon the effective duty performances of (1) the ACS Coordinator or ACS Officer, (2) the members of the ACS Advisory Council, (3) the assigned Social Work Officers and enlisted Social Work/Psychology Specialists, and (4) the Volunteers. Each of these individuals or groups have specific duty responsibilities as prescribed by AR 608-1.

¹Ibid., p. 2.

Some of the duties of the ACS Coordinator or ACS Officer are:

(1) responsibility for operational control and direction of the center; (2) developing policies and procedures for operating the installation ACS program or center; (3) maintaining effective working relationships with commanders, military and civilian staff agencies, local authorities, and community health and welfare agencies; (4) establishing and conducting, when required, volunteer training programs and assuring maximum effective utilization of volunteer skills; (5) identifying new social welfare needs and determining services required; (6) insuring that referrals to other appropriate health and welfare agencies are made when indicated; and (7) establishing an effective follow-up system for referrals to determine whether or not required services have been received by persons seeking assistance.

The ACS Advisory Council is appointed by the installation commander to provide for the successful development and effective operation of a strong program of coordinated services. The Council membership is determined by the size and scope of the planned ACS program. Personnel from the local civilian community, such as school principals and health and welfare agency representatives, are often invited to attend ACS Advisory Council meetings, when appropriate. Some of the responsibilities assigned to various ACS Advisory Councils (as suggested by AR 608-1) are to advise on the operation of the ACS program; to assist in the formulation of new plans, programs, and services to meet emergent needs; and to advise on methods for coordination of community helping resources.

As mentioned earlier, the assignment of social work officers and enlisted social work personnel is authorized at installations where the post population or the complexity of problems warrants such assignments. Hence, AR 608-1 does not require that social work officers be assigned as ACS Officers at all ACS centers operating on heavily populated installations. Interpretation of when conditions exist requiring such assignments rests with higher levels of Command.

As of 1 August 1969, there were 41 social work officers assigned to the ACS Program. Three of these were assigned to General Staff positions consisting of (1) Social Service Consultant to the ACS Branch, Special Affairs and Review Division, ODCSPER, Department of the Army; (2) ACS Consultant, Personnel Services Division, ODCSPER, Headquarters, United States Continental Army Command; and (3) Chief, ACS Branch, ODCSPER, Headquarters, United States Army in Europe and 7th Army. Of the remaining 38 Officers, 22 were assigned as ACS Officers or directors of ACS centers and 16 were assigned as staff personnel to ACS centers. A social work officer assigned not as an ACS Officer may occupy the position of ACS Coordinator, Assistant ACS Officer, Chief of the ACS Social Work Section, or ACS Social Work Officer depending upon how the ACS Officer wishes to utilize him. Only 32 ACS centers have social work officers, since six centers have two social work officers each. Six social work officers are located in ACS centers overseas, including Alaska and Hawaii. Army social work officers assigned to ACS centers perform the duties prescribed for ACS Officers in AR 608-1 in addition to other duties commensurate with the mission and objectives of the particular center to which they are assigned.

The social work officer, as a professional social worker, is particularly qualified for his assignment to ACS. He is often responsible for directing, supervising, and executing the program of an ACS center--a multi-purpose social agency. In fulfilling these role responsibilities, he relies upon his social work knowledge, training, and experience for guidance, support, conceptual thinking, action, and purpose. Since an ACS center is a multi-purpose social agency, the social work officer is called upon to utilize all social work methods--casework, group work, community organization, administration, supervision, and research. He is involved with meeting day-to-day requests for social services. He is a substantive social planner; and he additionally must be social action oriented.

The vast majority of personnel engaged in providing services at ACS centers are members of the ACS corps of volunteers, who are principally serviceman's wives and members of the Army community which they serve. The success of the ACS program greatly depends upon the recruitment, training, utilization, and retention of volunteers.¹ The utilization of volunteers in ACS provides for "grass root" sensitivity and concern and keeps the ACS program in tune with the needs of the community.²

The volunteers provide services largely through their membership on certain committees which are created in response to specific

¹Ibid., p. 5.

²LTC Frank Montalvo, "The Army Community Service Program," (paper presented at the Conference for the Middle Atlantic Region, National Jewish Welfare Board, November 14, 1968), p. 9.

social welfare needs. The number and types of committees formed at ACS centers varies depending upon the service needs of the particular Army community served by each center. However, Army Regulation 608-1 suggests that, when appropriate, four basic service committees should be formed at each ACS center. These are a General Service Committee, an Emergency Service Committee, an Intake Service Committee, and a Handicapped Service Committee.

Some of the services provided by General Service Committees are: (1) offering general assistance to newly assigned or departing personnel and their families; (2) conducting community orientation sessions to advise newly assigned dependents of available facilities and services located on the installation and in the nearby civilian community; (3) operating lending closets to provide for the temporary loan of household articles; (4) in coordination with the installation housing officer, maintaining current listings of available and adequate housing; and (5) maintaining listings of desired services such as babysitting, house cleaning, car pools, and items wanted or for sale.

The Emergency Service Committees consist of volunteers who perform services on a 24-hour basis. They may be required to offer assistance to next of kin in casualty situations. Or some volunteers provide temporary care for children, emergency transportation, and shopping assistance. In general, they are available to servicemen and their families whose day-to-day routine becomes interrupted by unexpected, unusual personal or family problems.

The Intake Service Committee at ACS centers provides a centralized point from which requests for assistance and services are

channeled or directed to appropriate helping or welfare resources. This Committee usually operates as a reception and referral service. Volunteer members of this Committee may receive Army personnel and families seeking assistance from the ACS center and obtain facts about the nature of the problem which are then presented to the ACS Officer, or his designated representative, for planning purposes. When directed, members of this Committee also coordinate recommended services or solutions to problems with other military and civilian health and welfare agencies.

The volunteers assigned to the Handicapped Service Committee serve as a centralized point for information and requests for services and assistance to handicapped individuals. Army Community Service centers utilize this Committee and its volunteers, for example, to provide information to Army families regarding procedures for obtaining medical evaluation of handicapped family members. This Committee also surveys and gathers information about evaluation and treatment resources for the handicapped and maintains a current file on the availability and types of programs offered by these resources.

The remaining personnel assigned to and working in ACS centers vary considerably according to the organization of the center and its personnel allocation status as determined by the installation commander. Such personnel, at various centers, consist of Department of the Army civil service employees, Army enlisted men and women, and Army officers from other Army corps (e.g., Woman's Army Corps, Adjutant General Corps, Infantry, Artillery, etc.), all of whom may be assigned to ACS centers on either a part-time or full-time basis. The level of their

education varies as well as their knowledge, training, and experience in fields or areas having a direct or indirect relationship to the functions, objectives, and mission of ACS, in general.

Army Community Service centers and ACS Points of Contact are located throughout the world. Points of Contact, as differentiated from ACS Centers, consist of individuals who are assigned secondary or additional duties as ACS Officers. They usually do not have a separate building or complex of offices from which they conduct ACS activities, and they lack an active volunteer program.

As of November, 1969, there were 155 ACS Centers and Points of Contact established throughout the world. As would be expected, the largest number--ninety-nine--were located in the United States and its territories. There were fifty-six centers in the United States, including Alaska, Hawaii, the Canal Zone, and Puerto Rico. The remaining forty-three were judged to be only Points of Contact.

Fifty-six ACS Centers and Points of Contact were located overseas. Forty-nine of these were in Europe, located in the following countries: Germany--44, Belgium--1, the Netherlands--1, Italy--2, and the United Kingdom--1. In the Far East, seven Centers and Points of Contact have been established. There is one each in Japan and Okinawa, and there are five in the Republic of Korea.

All together, these Centers and Points of Contact comprise a vast network of agencies providing assistance and services to Army personnel and their families. Through their organizational network they identify and define the Army community, which, in a real sense, knows no geographic boundary.¹

¹Ibid., p. 8.

CHAPTER III

REVIEW OF THE LITERATURE

An exploration of social welfare problems as they are brought to ACS centers by client personnel, and an examination of social welfare services provided by ACS centers are of special concern to the ACS Program. In addition to problems and services, personnel responsible for delivering or providing services, and other community welfare agencies utilized when planning and providing services must all be examined in terms of their impact on the operations and functions of ACS centers. In the writer's opinion, providing a basic range and continuity of services at every ACS center is dependent, in part, upon increased knowledge about the operations of individual ACS centers.

As the writer was formulating the research topic and developing the study design, he often referred to a variety of resources. The study consisted of site visits to ACS centers, interviews with individual ACS Officers and personnel, Army records and documents, unpublished literature about ACS, and periodicals and books utilized by the writer during his doctoral study. It was necessary for the writer to identify and develop principles which would guide him in selecting and organizing literature relevant to the objectives of the study.

Research studies designed similar to that of the writer's have been described as administrative research,¹ community welfare studies,² and social policy research.³ In addition to these classifications, the writer considered general systems theory and bureaucratic organizational theory as possible guiding principles. However, in emphasizing the difficulties in conceptualizing research such as the writer's study, Zimbalist⁴ and Morris⁵ point out that it does not readily conform to the classical models or theories of research or practice. Stein points out that problems occur in research stemming from organization theory because it is difficult to classify organizational theory and there is a lack of definition of the issues . . . to which organizational theory research is appropriate.⁶

¹David Fanshel, "Research in Social Work Administration," in Research in Social Welfare Administration, ed. David Fanshel (New York: National Association of Social Workers, 1962), p. 89.

²Wolins, "A Base for Community Welfare Studies," in The Social Welfare Forum, 1954, p. 221.

³Mencher, "Social Policy and Welfare Manpower," in Manpower in Social Welfare: Research Perspectives, p. 42.

⁴Zimbalist, "What Model for Community Welfare Research," in Research in Social Welfare Administration, p. 44.

⁵Robert Morris, "Social Planning," in Five Fields of Social Service Reviews of Research, ed. Henry S. Maas (New York: National Association of Social Workers, 1966), pp. 186-92.

⁶Herman D. Stein, "Organization Theory: Implications for Administration Research," in Social Science Theory and Social Work Research, ed. Leonard S. Kogan (New York: National Association of Social Workers, 1960), p. 80.

Unable to select any one particular theory, model, or principle upon which to base the conceptual framework, the writer reviewed his resource material again. This review, in addition to the study title itself, suggested the four major categories of literature: (1) social welfare problems, (2) social welfare services, (3) social welfare personnel, and (4) community welfare agency resources. A fifth category of literature is concerned with selected research methodology issues. Literature selected from these categories was reviewed and is summarized in this chapter in terms of their relevance to the study objectives.

The first category describes the type of social welfare problem that is of primary concern to ACS. The subjects of defining the nature and assessing the extent of social welfare problems are also discussed. Literature covered under social welfare services, the second category, discusses developing services in relation to problems; personnel involvement in relation to service planning; and differential social participation or involvement and its impact on planning service programs. The third category, social welfare personnel, briefly examines the manpower crisis within the field of social welfare. Also discussed are the following: differential utilization of social welfare personnel, the assignment of service tasks among social welfare personnel, and professional, subprofessional, and nonprofessional personnel in social work and in ACS. The fourth category, community welfare agency resources, examines the importance of comprehensive and coordinative planning between agencies in establishing service programs. The research methodology issues discussed in the fifth category are the use of

survey research, methods of questionnaire construction, and pretesting the questionnaire.

Social Welfare Problems

In developing a model for use in analyzing social problems, Cohen limits social problems to those that are manifested by family, group, or individual behavior which require intervention by the organized community in order that the community may continue to function.¹ The model does not include problems manifested primarily by a state of being, thinking, or feeling. Which type of social problem is the major concern of ACS centers? As community oriented agencies, do they develop services to combat problems which impede positive community functioning; or are their services developed in response to problems of a more individual nature?

Why assess or measure the extent of social welfare problems? What purpose does it serve? Genevieve Carter points out that the measurement of need (or problems) provides significant concepts verified by demographic data; adds to our understanding of the community; and gives us a basis for action and the making of decisions.² Such action and decisions would be in relation to the organization and development of social welfare programs or services for combating specific social welfare problems. With Carter's observations in mind, the writer hoped

¹Cohen, Social Work and Social Problems, p. 364.

²Genevieve Carter, "Measurement of Need," in Social Work Research, ed. Norman A. Polansky (Chicago: The University of Chicago Press, 1960), p. 205.

that his study would offer further assessment of the extent of social welfare problems as experienced by the Army community. Robert Morris points out that if an agency engages in social planning so as to reduce the extent of social problems, then that agency's research has the initial responsibility for illuminating the character or shape of the social problems.¹

Social problems, however, are not defined or perceived in the same manner when viewed by such variant personnel as differing cultural groups, professional or specialized agencies, and service consumers. According to Morris, what is identified as a problem by one social class or cultural group may not be seen as such by others, and a problem for society may not be a problem for an individual.² Morris suggests that such differences in perceptions of problems are expressed in differing forms of service provision, differing proposals for solution of problems, and differing rates of service utilization by clients.³

Martin Wolins identifies four major concepts of the social survey directed at social welfare problems: need, need-meeting, unmet need, and welfare services, or health, welfare, and recreation services.⁴ Wolins warns that there is no common agreement on the

¹Morris, "Social Planning," in Five Fields of Social Service Reviews of Research, p. 186.

²Ibid.

³Ibid.

⁴Wolins, "A Base for Community Welfare Studies," in The Social Welfare Forum, 1954, p. 217.

meaning of these concepts in community research because they have not been suitably defined; nor have they been operationalized for purposes of measurement.¹ In apparent support of the observation made by Morris, Wolins states that definitions of need, need-meeting, unmet need, and welfare service in community research studies will not be characterized by any marked degree of unanimity.²

Three primary approaches to the measurement of social welfare problems have been suggested by Wolins; these are: (1) pressure for service, (2) social breakdown, and (3) public sounding.³ Cited earlier in this study, the pressure for service approach relies on request-for-service statistics as a measure or indication of the extent and nature of social welfare problems. The writer, in a way, utilized this approach in that he asked the respondents to indicate on the questionnaire which client types utilized the listed social welfare services the most. He then assumed that those services used the most were an indication of those problems most experienced by the client or community population. In formulating his design, the writer overlooked one of the drawbacks of the pressure-for-service approach, as described by Wolins:

A number of conditions must prevail in order than an individual with a problem becomes a welfare service client: (1) he must be aware of a problem; (2) he must know of a suitable service; (3) he must be willing to use the service. Ample evidence can be produced to show that none of the above conditions obtain with all persons relative to most or perhaps even all problems.⁴

¹Ibid.

²Ibid.

³Ibid., p. 221.

⁴Ibid.

Selected literature and reports of research studies were utilized by the writer in constructing the list of social welfare problems included in the questionnaire. For example, in the "Individual Casework Schedule" used in their follow-up study, Kogan, Hunt, and Bartelme list 17 problem areas to which casework judges in the study had to respond.¹ Nine of these problem areas were included in the writer's questionnaire. Masi, in her study, identified 71 social welfare services and asked respondents to indicate whether or not they believed each service was needed by the military community.² These services suggested to the writer corresponding social welfare problems which he included in the questionnaire.

In 1962, the first comprehensive report on the findings of a nationwide study undertaken by the Family Service Association of America to assess the characteristics of applicants to family service agencies was published.³ The 280 Family Service agencies which participated in the study identified 15 social welfare problems brought most often to them by their clients.⁴ These problems seemed similar

¹Leonard S. Kogan, J. McVicker Hunt, and Phyllis F. Bartelme, A Follow-up Study of the Results of Social Casework (New York: Family Service Association of America, 1953), p. 108.

²Fidelia A. Masi, "Social Welfare Needs and Services in the Military" (unpublished D.S.W. dissertation, The Catholic University of America, 1965), pp. 215-31.

³Dorothy Fahs Beck, Patterns in Use of Family Agency Service (New York: Family Service Association of America, 1962), p. 1.

⁴Ibid., p. 15.

to those experienced by Army personnel and their dependents and, therefore, were included in the writer's study.

Social Welfare Services

The formation of policy in relation to the development of new social service programs, according to Schwartz, consists of "the recognition of a state of affairs deemed to be undesirable and a conception of the nature of changes sought; then selection of a general approach for working toward the desired state or objective."¹ Schwartz identifies three kinds of research which contribute to this decision-making process; these are:

1. Analysis of economic, social, technological, and ideological forces impinging on the lives of persons which affect their social maladjustments.
2. Studies of the nature, variety, prevalence, distribution, effects, and etiology of social problems, such as poverty and economic dependency, crime and delinquency, mental illness, illegitimacy, marital discord, and child neglect.
3. Studies of programs and services to alleviate, control, and prevent designated social problems, and exploration of the feasibility and implications of alternative programs and services.²

Schwartz's writings emphasized to the writer the importance of developing social welfare services in relation to social welfare problems. It seemed to this writer that if one is to conduct research for the purposes of developing policies or guidelines to assist in the

¹Schwartz, "A Strategy of Research on the Manpower Problem," in Manpower in Social Welfare: Research Perspectives, p. 150.

²Ibid.

establishment and management of new service programs, the types of research suggested by Schwartz would meet such research objectives.

In this study, the writer was interested in exploring the degree with which services provided by ACS centers matched or responded to needs or problems. Southwick and Thackeray state the writer's interest in another way: Too often service plans are made for the client instead of with him, and services are agency oriented rather than client oriented.¹ Margaret Rich, in describing the role of the Charity Organization Society with regard to developing "new social enterprises," warned the Society:

There was always the danger that a society (or agency) eager to prove its value might take on so many activities that it would be able to do none of them well and might break of its own weight and lack of cohesion. The position of the Society, as a helper, not a rival, is more clearly seen if it keeps its hands free from such extra work.²

Is such a warning one that should be directed to ACS centers as they plan new service programs for the Army community? If there is a need for unification of the ACS Program, is it due to the "lack of cohesion" spoken of by Margaret Rich? With the above reasoning in mind, the Charity Organization Society set out to stimulate others to develop needed agencies, to demonstrate services that might be later taken over by other groups, and to contribute to other service groups

¹Phyllis C. Southwick and Milton G. Thackeray, "The Concept of Culture in the Neighborhood Center," Social Casework, L (July, 1969), 388.

²Margaret E. Rich, A Belief in People (New York: Family Service Association of America, 1956), p. 25.

what it had learned about ways of providing helping services.¹ These are functions which are appropriate for ACS centers. In what ways and to what degree are they being performed?

Nathan Cohen observes that many programs providing services to alleviate social problems have become "institutionalized and are almost an end in themselves."² Cohen seems to see a need for change in agency programs and in community planning if social problems are to be combated more effectively:

There is a growing need in communities for an evaluation of existing programs and services and for a determination of priorities in community planning. Most efforts to date have failed because of their mechanistic approach and their emphasis on evaluating existing services.³

Agency programs, therefore, should be responsive; the requirement should not be one of individuals and families having to respond to entrenched programs. This demands of the agency a clear perception of its goals and a willingness and desire to experiment with new strategies instead of concentrating on traditional means. Agencies must also strive to provide preventive services. Hertel states that a good climate for providing such services exists when agency policy and the nature and style of services are guided by existing needs of people rather than by pre-conceived, rigidly held agency notions concerning what people need.⁴

¹Ibid.

²Cohen, Social Work and Social Problems, p. 386.

³Ibid.

⁴Frank Hertel, "The Voluntarism Project: An Interim Report," Community, XLIII (March-April, 1968), 15.

What is the role of the community and its citizens in planning for and developing new service programs? What impact does community involvement have on the planning of service programs? These are questions of particular relevance to ACS because it is a community-oriented program. What might be interpreted as responses to these questions by Mencher¹ and Geismar and Lagay² have already been described in Chapter I of this study. Southwick and Thackeray assert that one way to accomplish comprehensive planning of welfare services is to develop the services within the framework of the culture of the local community and of the ethnic and social groups for whom they are designed.³ Who knows more about the culture of the community than those who reside in it? Hence, effective planning logically consists of citizen involvement.

Charles Grosser stresses that more relevant services are provided to a more substantial proportion of the community population when methods of conjoint planning between service beneficiaries and service personnel are utilized.⁴ Cohen supports Grosser in calling for "wider participation of citizens in planning social services."⁵

¹Mencher, "Current Priority-Planning," Social Work, IX, 35.

²Geismar and Lagay, "Planners' and Consumers' Priorities of Social Welfare Needs," in Social Work Practice, 1965, pp. 76-93.

³Southwick and Thackeray, "The Concept of Culture in the Neighborhood Center," Social Casework, L, 388.

⁴Charles F. Grosser, "Changing Theory and Changing Practice," Social Casework, L (January, 1969), 20.

⁵Wilbur J. Cohen, "The Developmental Approach to Social Challenges," Children, XV (November-December, 1968), 211.

What are the consequences of excluding members of the community and service beneficiaries from the planning process or stage? According to Beck, denying the client an active part in formulating the service program separates the agency from a valuable source of information, evaluation, and innovative thinking.¹

David Fanshel, in discussing the "Role of the Volunteer Citizen" in social welfare programs, points out that the involvement of lay persons in such programs is a differential one.² That is, social participation is not uniformly distributed within the community population. The determining of service programs to be instituted and maintained by the community rests in the hands of a small group of people. Foskett also observes that one of the most basic and significant facts about social participation is that it is not uniformly distributed throughout the population but tends to be concentrated in a minority of the citizens.³

It occurred to the writer that this social phenomenon could have particular relevance to ACS. The staff population of an ACS center

¹Walter E. Beck, "Agency Structure Related to the Use of Staff," Social Casework, L (June, 1969), 345.

²David Fanshel, "Community Welfare Research," in Research in Social Welfare Administration, ed. David Fanshel (New York: National Association of Social Workers, 1962), p. 117.

³John M. Foskett, "The Influence of Social Participation on Community Programs and Activities," in Community Structure and Analysis, ed. Marvin B. Sussman (New York: Thomas Y. Crowell Company, 1959), p. 315.

located at a heavily populated Army post usually consists of an ACS officer or other Army officers, enlisted and/or civilian paid personnel, and volunteers. All of these could be considered members of the Army community. The writer was curious about the ways each of these members of the population participated in the ACS center programs. Would there, for example, be differential participation among volunteers, who probably more than any other members of the staff population are the best representatives of the Army community since they are mostly dependents of Army servicemen and most often reside in the Army community. Would there be a distinct differentiation of participation in ACS center programs between volunteers who are wives of Officers and those who are wives of Enlisted Men? If so, what impact, if any, would this have on the nature of service programs developed and provided by ACS centers?

The types of decisions made and the process by which they are reached--in regard to the development, organization, and provision of social welfare services--are, according to Foskett, a function of the people who do or do not participate in the affairs of the community and of the manner in which they carry out their participation.¹

Foskett clearly delineates some of the consequences of differential participation.² For example, policies and their execution tend to be biased in the direction of the values and interests upheld by that portion of the population with the highest degree of participation.

¹Ibid., p. 314.

²Ibid., pp. 326-27.

Such biases have a significant effect on decisions reached with regard to particular service programs undertaken by the community or the community agency. Differential social participation also has a corresponding effect on the support given to a decision or a program. If participation at the decision-making or planning level is limited to only a few or to only particular members of the population, then it only becomes their problem or concern and not that of the total community. Support for a program will be strong when the proposal is a product of the thinking of the total group. "The best way to insure support at the solution level," says Foskett, "is to secure full participation at the problem defining and decision-making level."¹

What types of action can be taken by community agencies, for example, ACS centers--to increase population participation in community programs? Is there a need for agency and community leaders to make community issues, programs, and affairs more relevant to more people? Foskett indicates so and suggests certain strategies to bring this about:

1. People often can best perceive the relevancy of a given program if they have participated in locating and defining the problem.
2. Those activities that involve basic values common to many people will elicit wider participation than those involving the particular values of a few. Programs need to be formulated in a manner that they will involve the values of many people.
3. Leaders and officials must seek out groups of people not normally in contact with or aware of particular need situations. Seeking out will be to create involvement.

¹Ibid., p. 327.

4. Participation needs to be made respectable and a source of prestige for anyone.¹

In turning to the literature for assistance in developing the list of social welfare services included in the questionnaire, the writer again found Masi's study most helpful. Many of the 71 services listed in her questionnaire² were modified by the writer and included in his questionnaire. Community services needed by multi-problem families are described by Kahn,³ and welfare programs needed to combat problems experienced by the urban population are described in a publication by the United Community Funds and Councils of America.⁴ These writings suggested services which seemed appropriate to include in the writer's questionnaire.

Social Welfare Personnel

This study was designed with the expectation that it might make some contribution to the alleviation of the manpower crisis in social welfare by identifying new methods for effectively utilizing subprofessional and nonprofessional personnel in the provision and delivery of social welfare services. Accordingly, the writer believed it important to review selected literature which describes that crisis.

¹Ibid., pp. 328-30.

²Masi, "Social Welfare Needs and Services in the Military," pp. 215-31.

³Alfred J. Kahn, Planning Community Services for Children in Trouble (New York: Columbia University Press, 1963).

⁴Voluntarism and Urban Life Project, Programs Relevant to Urban Problems (New York: Institute of Community Studies, 1968).

Writers speak of or describe the problem in many different ways. Its critical nature seems best described in the following statement by the Task Force on Social Work Education and Manpower Report:

Meeting the demand for competent and sufficient social work manpower for health, education, and welfare services is a major problem in virtually every community across the country. It is a concern that has become increasingly important during the past decade, and it now occupies the serious attention of program services recognized as essential to the general welfare and strength of the Nation are developed. The gap between needed and available manpower for these new and expanding social services has widened so dangerously, that it now has become a matter of action at the national level.¹

Mencher, seeing the problem of manpower as "the maximum exploitation of a scarcity skill," states that the social work profession (as well as the social welfare field) must clearly and objectively assess which services can be delegated to other fields, which can function most effectively within the social services framework but in a highly structured and impersonal fashion, and which require relatively greater degrees of direct, skilled professional performance.² He sees these as major problems which affect the needs and deployment of social welfare personnel.

The Report of the Departmental Task Force describes the extent of the manpower shortage in social work and social welfare in the following paragraph:

¹U.S. Department of Health, Education, and Welfare. Closing the Gap . . . in Social Work Manpower. Report of the Departmental Task Force on Social Work Education and Manpower (Washington, D.C.: Government Printing Office, 1965), p. 3.

²Mencher, "Social Policy and Welfare Manpower," in Manpower in Social Welfare: Research Perspectives, pp. 38-39.

The estimates from agencies within the Department of Health, Education, and Welfare suggest a need in their programs alone of approximately 100,000 social workers with full education by 1970, a vast increase in the numbers of social workers with baccalaureate level education, and development of several categories of technical and ancillary personnel.¹

The literature identifies generally five major reasons for the manpower shortage. One of these is the large amount of disagreement on the role of the person without full professional training in manning or providing social welfare services. The nature of the disagreement is discussed by Barker and Briggs:

The debate about what the role of the nonprofessional worker is--if there is to be a role at all--seems to polarize around two conflicting viewpoints. On the one hand it is implied that to make use of the nonprofessional would be to usurp many of the activities that were formerly the province of the professional, and poorer service would result. The other viewpoint says that there are areas where the nonprofessional can perform equally well in the provision of social services and that doing these things will result in the freeing of the professional worker from such tasks so that he may better use his time within those activities which his training enables only him to perform.²

Barker and Briggs state that as long as this argument remains a stalemate, no consistent guideline or policy formulation will be developed which will say that there is a role for the nonprofessional and what it is.³

¹U.S. Department of H.E.W. Closing the Gap . . . in Social Work Manpower, p. 41.

²Robert L. Barker and Thomas L. Briggs, Trends in the Utilization of Social Work Personnel: An Evaluative Research of the Literature. Research Report Number Two, Utilization of Social Work Personnel in Mental Hospitals Project (New York: National Association of Social Workers, Inc., 1966), p. 12.

³Ibid.

Many solutions to the manpower shortage or crisis have been proposed, one of which is making better use of personnel functioning in social welfare settings. The functional approach--grouping social work tasks by function--reveals that many social welfare activities can be performed satisfactorily by a diversified staff with different qualifications and different assigned responsibilities.¹ This approach appears similar to what Barker and Briggs refer to as the "differential use of social work personnel"; this is defined as a social work or social welfare organization's "allocation of its functions to the organization members who are considered most capable of fulfilling them efficiently."² Operationalizing these theoretical approaches, according to Barker and Briggs, is not easy, however:

The complexity lies in the difficulty of distinguishing between the activities which should be and are differentially allocated to professionals and to those without professional training. Many other professions have developed occupations whose function has been to free the professional of many of the more routine tasks which do not require his knowledge and skill but nevertheless are important and must be performed. Such a development is possible, however, only where there is a clear-cut unit of differentiation by which to distinguish between the activities of the professional and the nonprofessional groups.³

In an effort to identify social welfare tasks which can be appropriately assigned to the different categories of available social

¹U.S. Department of H.E.W., Closing the Gap . . . in Social Work Manpower, p. 9.

²Barker and Briggs, Differential Use of Social Work Manpower, p. 53.

³Barker and Briggs, Trends in the Utilization of Social Work Personnel, p. 24.

welfare manpower, Barker and Briggs divide such tasks into four major spheres: (1) need-fulfilling, (2) problem-solving, (3) conflict-resolving, and (4) system reconstitution.¹ Each of the four "spheres" entail specific activities or functions for which the service deliverers are particularly qualified to perform.

Need-fulfilling entails providing concrete social services and/or developing programs to improve the general quality of social living. Barker and Briggs state that here the need may not be the result of a problem, but it always exists because of the absence of some instrumental means.² The person without professional training can easily assume responsibility for need-fulfilling tasks, according to the authors.

Problem-solving activities are more complex. According to Barker and Briggs, ways of assisting the client to determine the nature of his problem and its alternative means of resolution are involved. The objective is to enhance the client's decision-making ability by providing him with needed facts. Professionals, subprofessionals, or nonprofessionals (as service deliverers) may be involved in this activity, with subprofessionals being involved more frequently than the others (according to Barker and Briggs).³

Barker and Briggs suggest that professional personnel are most often responsible for performing conflict resolution tasks.⁴ In these

¹Barker and Briggs, Differential Use of Social Work Manpower, p. 232.

²Ibid., p. 233.

³Ibid.

⁴Ibid.

situations, the client's problem results from a discrepancy between his values and those of others.

System reconstitution is the most difficult activity, according to the authors, and is almost exclusively the professional's responsibility. The problem to be approached consists of "internal dysfunction within the client system that limits its effectiveness."¹ The client may be an individual or a social welfare agency.

Another means of defining or developing a "unit of differentiation" is by conducting research focused on this task, as recommended by Mencher² and the U.S. Department of Health, Education and Welfare Task Force on Social Work Education and Manpower:

There is need to define and delineate those functions of ancillary and technical personnel who are currently utilized in the field of social welfare. . . .³

There is need for extensive research and demonstration in relation to the utilization of manpower in social welfare including social workers, social welfare technicians, and a wide variety of ancillary service personnel.⁴

Effective differential utilization of social welfare personnel (by ACS centers, for example) would result in, as suggested by the Departmental Task Force Report, the development of more efficient systems of organization and administration.⁵ The writer believes this is an

¹Ibid., p. 234.

²Mencher, "Social Policy and Welfare Manpower," in Manpower in Social Welfare: Research Perspectives, p. 40.

³U.S. Department of H.E.W., Closing the Gap . . . in Social Work Manpower, p. 83.

⁴Ibid., p. 44.

⁵Ibid., p. 81.

objective which the ACS Program is striving to attain. If ACS centers could develop more effective policies for differentially utilizing their personnel, then, as suggested by Barker and Briggs, (1) conditions for deciding how personnel are to be deployed would be improved, (2) causes of breakdown in role complementarity would be reduced, and (3) centers would become more cognizant of their functions.¹

The Report of the Departmental Task Force on Social Work Education and Manpower identifies various types of manpower available to social welfare agencies: (1) social workers with graduate professional social work education; (2) social workers with a college degree and inservice training in social work; (3) social welfare technicians and ancillary personnel prepared through high school and vocational education for a variety of specific occupations; and (4) the volunteer.² Various combinations of these personnel types can be found working in many of the ACS centers. The major job responsibilities of one of them at a specific center has been described by Quinn:

The [enlisted social work] specialist is a decision maker in Army Community Service. He opens a case, conducts the initial interview, identifies the problem or problems, consults with the social work officer, if necessary, to be sure the problems are properly identified, establishes priorities, and if appropriate, he takes the necessary action to assist in the resolution of the problem. Many times the specialist is the resource the person needed to resolve a dilemma. At other times, the specialist, through proper identification of the needs of the

¹Barker and Briggs, Differential Use of Social Work Manpower, p. 159.

²U.S. Department of H.E.W., Closing the Gap . . . in Social Work Manpower, p. 9.

person, can make an appropriate referral to the service best suited to assisting. . . .¹

and, according to Quinn, the role of the ACS volunteer is very broad in scope:

The volunteers support the nucleus of military and civilian personnel who have direct responsibility for operation of an Army Community Service program. A part of their role as volunteers is to help in forming the link between the dependent members of the Army community and the official framework of the military and Army Community Service. The volunteers also serve as representatives to interpret the service and assistance to be derived from Army Community Service, to the military as well as to the civilian community. The Army Community Service volunteer plays an important role in inspiring trust and confidence in Army Community Service activities and encouraging the use of this service.²

In addition to focusing on the differential use of personnel in social welfare agencies (e.g., ACS centers), this study was designed to explore the ways in which volunteers are utilized to provide social welfare services. Selected literature related to this subject was reviewed by the writer.

Various writers have identified and described functions which are performed by volunteers in social welfare settings. As early as 1930, Mary Richmond made reference to volunteers performing "desk work, office work, telephoning, shopping, taking of children to clinics and much other work . . . of such wide variety as to fit the

¹Frank X. Quinn, "The Relationship of Volunteers and Social Work Specialists in an Army Community Service Program" (paper presented at the Army Social Work Advanced Seminar on the American Family in the Army Community, Denver, Colorado, October 23-27, 1967), p. 2.

²Ibid., p. 3.

capabilities of all who have tact and genuine good will to contribute."¹ In The Volunteer Bureau, volunteer services or functions are classified so that they would seem to appear to be quite similar to those performed by ACS volunteers; there are (1) administrative volunteers and (2) service or program volunteers--those who assist the employed staff in putting the program of the agency . . . or organization they serve into effect.² They provide supplementary services which enrich, extend, or interpret the agency's program.³

An extensive study made for the New York City Department of Welfare by National Study Service is a comprehensive report on the use of volunteers in social welfare.⁴ The report lists specific volunteer positions which have been developed by social agencies; some of these are friendly visitors, case aides, escorts, direct personal service aides, educational aides, group leaders, administrative aides, and clerical aides.⁵ The report also describes the need, role, job tasks, qualifications, training, and administration of volunteers who provide the following services: clerical, interpreter, escort, case aide, rehousing aide, community sponsor for discharged patients of mental hospitals, neighborhood visitor and recreation aide.⁶

¹Mary E. Richmond, The Long View (New York: Russel Sage Foundation, 1930), p. 372.

²United Community Funds and Councils of America, The Volunteer Bureau (New York: United Community Funds and Councils of America, 1967), p. 5.

³Ibid.

⁴National Study Service, Use of Volunteers in Public Welfare. Report of a Study Made for the New York City Department of Welfare (New York: National Study Service, 1963).

⁵Ibid., pp. 4-5.

⁶Ibid., pp. 25-37.

Ross states that the concept of community entails two major groups of people: (1) the one group may include all the people in a specific geographic area, such as a neighborhood, a village, a town, a city (or even an Army post or installation)--hence, the "geographic" community; and (2) the second includes all those individuals who share some common interest or function, such as welfare--hence, the "functional" or "welfare" community.¹ Should ACS volunteers, who are frequently members of both these communities, have a role in the planning and developing of service programs? Stock states that the reordering of social services provides an opportunity for volunteers to become involved as planners of and contributors to service programs.² In The Volunteer Bureau it is stated that having volunteers on boards as well as operating service programs enables agencies to meet the challenges of new frontiers of service--through reaching out into the community, through communicating more effectively with local citizens, through providing new services, and through greater accomplishments.³

According to the literature examined, there are certain responsibilities to the volunteers which must be met by both the agency and

¹Murray G. Ross, Community Organization: Theory, Principles and Practice (New York: Harper & Row, 1967), pp. 41-42.

²Richard O. Stock, "Societal Demands on the Voluntary Agency," Social Casework, L (January, 1969), 29.

³United Community Funds and Councils of America, The Volunteer Bureau, p. 3.

its paid staff if volunteers are to carry out their functions with any degree of success. First, the volunteer should be recognized as an integral part of the agency. The Volunteer Bureau states that the importance of her role should be clearly interpreted to all employed staff; her area of service should be well defined; and staff relationships should be clarified.¹ In addition, Barber states that the agency must provide the volunteer with knowledge about agency rules and regulations, policies, standards, facilities, and any training courses conducted by the agency.²

The same author, in discussing various role strains experienced by volunteers functioning in bureaucratic organizations, states that it is highly desirable and beneficial for such organizations to provide both pre-service and in-service training to its volunteers.³ Specific training needs are identified in the New York City Department of Welfare study; these are: (1) specialized training for the job, (2) specialized training for specific service units, (3) on-the-job training, and (4) regular in-service training with groups.⁴ When analyzing ways to develop manpower for social welfare needs,

¹Ibid., p. 5.

²Bernard Barber, "Bureaucratic Organization and the Volunteer," in Social Perspectives on Behavior, ed. Herman D. Stein and Richard A. Cloward (New York: The Free Press, 1958), p. 608.

³Ibid.

⁴National Study Service, Use of Volunteers in Public Welfare, p. 76.

Delliquadri points out that the training of indigenous workers for social welfare programs consists of training persons from the areas to be served to carry out the needed social welfare services.¹

Community Welfare Resources

It is this writer's opinion that whether or not an agency assumes responsibility for the provision of specific social welfare services or develops new services in response to increasing social needs depends, in part, upon what services are being provided by other welfare agencies located in the community. To avoid unnecessary duplication and overlapping of social welfare services, coordinative planning between agencies is required when establishing service programs. In the article, "Services for People," it is stated that there is a compelling need for comprehensive planning for social services, which are now offered in an uncoordinated fashion and are not equally accessible to all who need and want them.² One means whereby the community agency can identify service voids or areas of service duplication is by utilizing community volunteers to identify services and sources of services available from public, voluntary, religious, fraternal, and civic organizations.³ This approach is suggested by

¹P. Frederick Delliquadri, "Developing Manpower for the World's Social Welfare Needs," Children, XVI (Jan.-Feb., 1969), 33.

²Task Force on the Organization of Social Services, "Services for People," Preliminary report of the Task Force on the Organization of Social Services, October, 1968, Social Casework, L (July, 1969), 411.

³Merrill, "A Systems Approach to Social Problems," Community XLIII (July-August, 1968), 5.

Merrill. Employing what he refers to as a "systems approach," all agencies involved look for the "overview" of any problem and then apply the following resource management tools to arrive at the solution of the problem:

1. Identify goals and objectives;
2. Identify and define constraints;
3. Identify total resources required and available;
4. Identify success criteria; and
5. Prepare a plan of resource allocation which includes tasks to be accomplished, task assignments, schedules, resources, organization structure, program implementation, and evaluation.¹

Samuel Mencher, in describing what he refers to as "the priority-planning" of social welfare services, emphasizes the importance of coordination between agencies in the planning and ordering of services: "Failure to take into account the existence of services that perform a given function outside the particular welfare structure . . . reduces the significance of any priority system as a meaningful community device."²

The community mental health planner has the responsibility, according to Fanshel, of carefully surveying the network of services which are available in a community in order to determine whether valuable social welfare resources are being utilized in an efficient

¹Ibid.

²Mencher, "Current Priority-Planning," Social Work, IX, 29.

or inefficient manner. His objective, states Fanshel, is to help maximize benefits derived from the expenditure of funds in order to meet social problems.¹ To carry out these responsibilities, he must meet with staffs of other agencies and review facts about the value of a particular service or about the damaging effects on families caused by voids in needed social resources.

The relevance of the preceding observations made by the various writers cited and the discussion, in general, to ACS is strongly pointed out in the following paragraph, excerpted from a speech which was reported in the Congressional Record:

As to the Army Community Service Program--despite its rapid growth and the excellent quality of its staff, it will not attain even moderate success if it persists in limiting itself to on-post resources. The Army Community Service Program will serve best if it acts as the coordinating link between post and community welfare resources. The Army Community Service social worker should interpret military needs to the adjacent community. He should encourage the establishment of a military-civilian community service.²

McKain, in his study of alienation, geographical mobility, and Army family problems, recommended in his conclusions that further research be conducted on the types of resources--formal and informal--utilized in the civilian and military community by the mobile military

¹Fanshel, "Community Welfare Research," in Research in Social Welfare Administration, p. 114.

²U.S. Congress, Senate, Senator Javits speaking of the welfare problems facing a large number of families of Armed Forces personnel and asking that Mr. Moe Hoffman's speech--An Analysis of Military Social Welfare Problems--be printed in the Record. Congressional Record--Senate, 818201.

family.¹ Masi, in her study, found that contacts between civilian agencies and the military regarding social welfare needs and services were negligible.²

The above-cited literature suggested to the writer the need for addressing his study to the area of community welfare agency resources.

Research Methodology

In developing this study, the writer was confronted with a variety of issues or questions regarding the design and methodology of social research. Some of these will be described briefly in later study chapters. The more significant issues, however--the nature of survey research and its applicability to the objectives of this study, the construction of questionnaires, and pretesting questionnaires--will be discussed more thoroughly at this time.

Glock³ and Hyman⁴ generally agree that surveys are conducted with one or both of two purposes in mind: (1) to describe how characteristics are distributed in a population; or (2) to explain or

¹Jerry L. McKain, "Feelings of Alienation, Geographical Mobility, and Army Family Problems: An Extension of Theory" (unpublished D.S.W. dissertation, The Catholic University of America, 1969), pp. 194-95.

²Masi, "Social Welfare Needs and Services in the Military," p. 199.

³Charles Y. Glock, "Survey Design and Analysis in Sociology," in Survey Research in the Social Sciences, ed. Charles Y. Glock (New York: Russell Sage Foundation, 1967), p. 4.

⁴H. H. Hyman, Survey Design and Analysis (Chicago: The Free Press, 1955), pp. 67-68.

find out why a distribution takes the form it does within a population. A survey which has only the first purpose as its objective is referred to as being "descriptive," while the second objective is that of an "explanatory" survey. Glock states that many sociological surveys aim only at description; most, however have a theoretical and explanatory purpose in mind.¹ The observations made by these authors led the writer to conclude that a survey type design might be appropriate for securing data required to fulfill the study's objectives. While the survey would serve primarily to describe the factors (contained within the major study questions) as they exist in ACS centers, it was intended that an effort would be made to explain reasons for their distribution as well as their impact on the organization and functioning of individual ACS centers. In developing his study design, the writer became aware of and subsequently experienced the following problem, as described by Hyman:

. . . The central theoretical problem for the analyst of a descriptive survey is the effective conceptualization of the phenomenon to be studied. Otherwise, any description actually obtained following the interpretation of the data may be incomplete or may distort the nature of the phenomenon. It is the complexity of the phenomena the survey analyst is usually called upon to describe that makes for this difficulty in conceptualization.²

Further reading of Hyman's literature, in addition to that of other writers, pointed out the applicability and relevance of survey research for this study.

¹Glock, "Survey Design and Analysis in Sociology," in Survey Research in the Social Sciences, p. 16.

²Hyman, Survey Design and Analysis, p. 92.

The descriptive survey because of its wide sampling can be conceived of as an inquiry into the uniformity or regularity¹ of some phenomenon. It permits a better decision as to the wisdom of undertaking any explanatory inquiry at all. Further the descriptive survey by providing data on the rarity or universality of some phenomenon and its distribution socially gives guidance as to what types of determinants might lead to the most fruitful hypotheses. Out of the findings of descriptive surveys often comes the basis for the formulation of hypotheses about phenomena, or at least for some reduction in confusion in theorizing about a phenomenon.²

The questions of "uniformity," "regularity," "rarity," and "universality" can be applied to social welfare problems and services as they are distributed among ACS centers. How "uniform" or "universal" is the use of professional, subprofessional, and nonprofessional personnel at various centers? And what hypotheses could be developed for further testing or study concerning the further organization and development of the ACS Program?

A specific use of survey research in health and welfare organizations or agencies is mentioned by Suchman: "Many health organizations have employed the survey method for internal research on their own problems of structure and function, and . . . on the effectiveness of their programs."³ Massarik⁴ refers to the use of

¹The author's italics are underlined by this writer.

²Hyman, Survey Design and Analysis, pp. 77-78.

³Edward A. Suchman, "The Survey Method Applied to Public Health and Medicine," in Survey Research in the Social Sciences, ed. Charles Y. Glock (New York: Russell Sage Foundation, 1967), p. 494.

⁴Fred Massarik, "The Survey Method in Social Work: Past, Present, and Potential," in Survey Research in the Social Sciences, ed. Charles Y. Glock (New York: Russell Sage Foundation, 1967), p. 388.

survey research to measure need--the gap between services offered and services required--, to assess the demands for particular service programs, and to contribute to a sounder base for community welfare planning. Would there not be increasing pay-off in surveys of entire social units, such as agencies and institutions (for example, ACS centers), and of a variety of populations (for example, different types of ACS center personnel), each of which may contribute a somewhat different perspective to the understanding of a social welfare problem?¹ Massarik answers:

The survey method becomes a logical tool for examining systematically the views held concerning the importance of various services and programs. For example, surveys may be performed to probe the attitudes toward particular needs held by groups, such as (1) the lay leadership of a community planning body--e.g., the board of a welfare planning council, (2) clients actually or potentially reached by the program or service, and professional social workers and other specialists. Comparisons of values held by these groups, as related to services and programs, would add richness of meaning that generally is lacking when need definition is based solely on an interpretation of some set of "facts" unilaterally by one or another leadership group in the social welfare community.²

Not only did Massarik's statement specifically relate the survey approach to the writer's study, but it also guided the writer in constructing his questionnaire. That is, since it would be valuable to compare values or attitudes held by different ACS staff members, the questionnaire was designed so that responses by different personnel on similar areas or questions were recorded easily and in an organized manner.

¹Ibid., p. 406.

²Ibid., p. 411.

There are certain technical problems in survey research which are directly related to the theoretical problems experienced in the conceptualization of the phenomenon to be described. Hyman describes these problems as follows:

The conceptualization must be translated into a series of operations which yield data which will ultimately provide accurate measurements or indices of the phenomenon to be described. Here there is much difficulty and perhaps compromise for the concepts may be difficult to translate into operations which are feasible.¹

The writer was mindful of the above-cited suggestion and warning as he developed his questionnaire.

Cannell and Kahn identify two major purposes of a questionnaire: (1) to translate the research objectives into specific questions, the answers to which provide data necessary to test the hypotheses or explore the area set by the research objectives; and (2) to convey to the respondent the idea or group of ideas required by the research objectives and obtain a response which can be analyzed so that the results fulfill the research objectives.² Hence, the design of the questionnaire must flow logically from the research objectives and must anticipate and be related to the analysis of the data.

¹Hyman, Survey Design and Analysis, p. 71.

²Charles F. Cannell and Robert L. Kahn, "The Collection of Data by Interviewing," in Research Methods in the Behavioral Sciences, ed. Leon Festinger and Daniel Katz (New York: Holt, Rinehart and Winston, 1953), p. 340.

These authors' suggestions,¹ as well as those of Campbell and Katona,² (contained in their "Flow Chart of a Survey") are valuable guidelines for questionnaire construction and were utilized by the writer.

A comprehensive and detailed guide for questionnaire construction is described by Selltitz and others.³ The writer was particularly guided by their question:

Do respondents have the information necessary to answer the question? Is it a matter they can report on adequately? Does the question call for answers the respondent either cannot give at all or cannot give reliably? Does the question ask for opinions on matters so unfamiliar to the respondent that the opinion does not mean what it seems to?⁴

And in developing his lists of problems, services, and resources, the writer attempted to cover all of them adequately without overlapping them. He was also mindful of the importance of maintaining a reasonable length for the questionnaire. These are areas stressed by Selltitz and others.⁵

Katz asserts that pretesting of the research instrument--whether it is a questionnaire, an interview schedule, or a behavioral scale--is essential before the full-scale research study can be undertaken.⁶

¹Ibid., pp. 340-53.

²Angus Campbell and George Katona, "The Sample Survey: A Technique for Social Science Research," in Research Methods in the Behavioral Sciences, ed. Leon Festinger and Daniel Katz (New York: Holt, Rinehart and Winston, 1953), pp. 39-41.

³Claire Selltitz, et al., Research Methods in Social Relations (New York: Holt, Rinehart and Winston, 1965), pp. 552-74.

⁴Ibid., pp. 555, 569.

⁵Ibid.

⁶Daniel Katz, "Field Studies," in Research Methods in the Behavioral Sciences, ed. Leon Festinger and Daniel Katz (New York: Holt, Rinehart and Winston, 1953), p. 83.

Katz¹ and Selltiz and others² identify four purposes of pretesting: (1) to identify and solve unforeseen problems in the administration of the questionnaire, such as the phrasing and sequence of questions, or the length of the questionnaire; (2) to indicate the possible need for additional questions or the elimination of others; (3) to test the wording of questions so that they are suited to the respondents' understanding; and (4) to ensure, as far as possible, that the questions are providing the data required. It was with these purposes in mind that the writer conducted the pretest of his questionnaire. As suggested by Goldstein,³ the sample on whom the pretest was conducted was selected to represent, as much as possible, the actual study population. Upon completion of the pretest, interviews were held with the respondents, during which time the following questions were discussed: (1) what did the question mean to you? (2) what difficulties, if any, did you experience in replying to the question? (3) what further ideas do you have, if any, that were not brought out by the question? and (4) how would you ask the question? Such questions are suggested by Selltiz and others.⁴

In selecting the respondents to complete the questionnaire, the writer was attracted to the statement made by Maas and Polansky:

¹Ibid.

²Selltiz, et al., Research Methods in Social Relations, p. 550.

³Harris K. Goldstein, Research Standards and Methods for Social Workers (Chicago: Whitehall Company, 1969), p. 208.

⁴Selltiz, et al., Research Methods in Social Relations, p. 551.

Questionnaires are best used when those asked to complete questionnaires are motivated to help get answers to the questions raised. . . . Professional groups, therefore, constitute ideal populations for questionnaire administration. On the other hand, for many nonprofessional groups, an interview survey is far more likely to yield valid results than will a questionnaire.¹

As the writer did not exclude nonprofessional or subprofessional groups from the study population, he was curious as to how they would complete the questionnaire in light of the above statement.

Summary

This chapter has reviewed and discussed selected literature which comprises the theoretical framework of this study. Included has been literature in the categories or areas of social welfare problems, social welfare services, social welfare personnel, and community welfare agency resources. Selected issues related to the design and methodology of survey research have also been described.

The following chapter contains a description of the methodology utilized in conducting this research.

¹Henry S. Maas and Norman A. Polansky, "Collecting Original Data," in Social Work Research, ed. Norman A. Polansky (Chicago: The University of Chicago Press, 1960), p. 150.

CHAPTER IV

METHODOLOGY

Defining the Research Problem

Army Community Service has been described as "one of the most significant personnel programs ever instituted in the Army."¹ The successful establishment of ACS--in view of its organizational structure, mission, and objectives--within the United States Army impressed this writer as being a unique accomplishment. The writer was interested in this accomplishment and, therefore, planned to conduct an exploration and analysis of the historical development of ACS. Appropriate social organizational theory was to be utilized as a theoretical framework. One specific aim was to identify and discuss the significance of the Program's establishment and development to organizational theory, policy, and procedures when applied to bureaucratic organizations and social welfare agencies. However, after reviewing selected historical research studies^{2,3} and literature concerning historical

¹Rooney, "Panel Presentation on Essentials of an Effective Installation ACS Program," p. 1.

²Ralph W. Morgan, "Clinical Social Work in the United States Army, 1947-1959" (unpublished D.S.W. dissertation, The Catholic University of America, 1961).

³Carl M. Shafer, "The Life Cycle of a Social Agency from Organization to Termination: Implications for Organizational Theory" (unpublished D.S.W. dissertation, University of Southern California, 1966).

research methodology, the writer concluded that the planned study would not produce truly meaningful findings in view of the fact that ACS had been in existence and functioning for a period of only four years.

In an effort to re-define the research problem, the writer, in November, 1968, conducted a further examination of the ACS Program by reviewing literature about ACS written by Army social work officers and discussing ACS with the Social Service Consultant to the ACS Branch, Special Affairs and Review Division, Department of the Army. During this time, the writer was attracted to the different types of personnel assigned to and working within ACS, noting particularly that some ACS centers are directed by ACS Officers who are social work officers and others are not. In this regard, the following question occurred to the writer: Isn't there a need for establishing service and management guidelines for ACS officers and other ACS personnel which would contribute to the development of a basic range and standard of service in ACS centers?

One means of responding to the problem of developing needed service and management guidelines, therefore, would be to explore the manner in which Army social work officers have been utilized in ACS since the idea of establishing ACS was first conceived; and, secondly, to explore role perceptions, expectations, functions, and role responsibilities of the 41 social work officers assigned to ACS centers. A comparative group, comprised of 41 officers who are not social work officers, was to be selected and studied by the writer in the same areas and manner as designed for the social work officers.

In working toward a more concise formulation of this second research problem and design, the writer discovered that the identification and establishment of a comparative group was extremely difficult, if not impossible, since there appeared to be such a large degree of variation between social welfare problems, social welfare services, social welfare personnel, and social welfare resources as they exist and are experienced by individual ACS centers. In view of these variations, it seemed to the writer that before any substantial research on the role of the Army social work officer in ACS could be performed, these variations should be the subject of research study. Such research could make a significant contribution to the development of both service guidelines for ACS personnel and a basic range and standard of ACS center services.

Since July, 1965, some 150 ACS centers and points of contact have been established and are operating throughout the world. A review of selected research studies^{1,2,3} revealed to the writer that

¹Frank F. Montalvo, "Family Separation in the Army: A Study of the Problems Encountered and the Caretaking Resources Used by Career Army Families Undergoing Military Separation" (unpublished D.S.W. dissertation, University of Southern California, 1968).

²Joseph J. Bevilacqua, "Civilianization and Health-Welfare Resource Participation on an Army Post" (unpublished Ph.D. dissertation, Brandeis University, 1967).

³Seth W. Spellman, Jr., "Orientations toward Problem-Solving among Career Military Families: A Study of the Knowledge of Available Resources in a Military Community and Perception of the Social Cost of Using Them for the Resolution of Family Conflict" (unpublished D.S.W. dissertation, Columbia University, 1965).

while such studies either directly or indirectly supported the need for the establishment of ACS centers, no major research specifically focusing on the organization and functions of ACS centers in operation had been conducted.

By January, 1969, the writer had succeeded in defining the study focus as a survey of selected ACS centers, with investigation primarily directed at the following areas: (1) the nature and distribution of social welfare problems brought to ACS centers, (2) services provided by ACS centers, (3) personnel utilized in providing services, and (4) other community helping resources utilized in providing services.

Securing Agency Approval and Support

In order for the proposed study to be successfully conducted and completed, approval from various offices and personnel was necessary. Overall approval of the study was granted by the Office of the Chief of the ACS Branch, Special Affairs and Review Division, ODCSPER, Department of the Army. In his endorsement of the study, the Social Service Consultant to the ACS Branch indicated that all ACS centers would be available for participation in the study. Official clearance for conducting planned site visits to selected ACS centers was also given to the writer. Address lists of all ACS centers and other such related administrative records were made available, when needed, to the writer by the Social Service Consultant to the ACS Branch. The interest in and strong support of the study shown by his office was evidenced by a series of conferences held between the Social Service Consultant and

the writer regarding the planning of the study. The Social Service Consultant's endorsement indicated that the study's goals were consistent with the research objectives outlined in the Army Community Service Five Year Plan published by the Department of the Army on 20 September 1968.

Use of the documents which provided data necessary for the development of the preliminary history of the ACS Program (presented in Chapter II of this study) was granted by the Office of the Social Service Consultant to the Surgeon General, Department of the Army.

Developing the Research Instruments

By February, 1969, the writer had concluded that the primary data-gathering instrument for the study would be a mailed questionnaire. The writer constructed the questionnaire so that it could be presented for completion to the different personnel working within ACS centers. In this way it was possible to record responses on similar questions or items by different personnel. This approach was in accordance with recommendations made by Massarik¹ (as described in Chapter III of this study) that surveys of entire social agencies should be directed at a variety of population, for example, different levels of ACS center personnel, within such agencies.

In a search of the literature for possible guidelines to assist in the construction of the questionnaire, the writer located a

¹Massarik, "The Survey Method in Social Work: Past, Present, and Potential," p. 406.

dissertation study by Fidelia A. Masi, D.S.W., who had identified social welfare needs of the military community and examined means used by the military establishment to meet such needs.¹ This study provided invaluable assistance to the writer, especially with regard to the development and construction of the organizational format of the questionnaire. With the general format of the questionnaire having been decided upon, the writer next approached the major tasks of identifying and formulating the question content areas for the two parts of the questionnaire. Part I, Identifying Information; and Part II, Responses to the Major Study Questions.

Two separate sets of questions had to be formulated for Part I of the questionnaire--one set for respondents who were coordinators or directors of volunteers at ACS centers, and a second set for all remaining respondents. The formulation and development of the latter set of questions will now be discussed.

In order to identify overall military experience and military status of the respondents, they were asked to define their branch or Army corps, military rank, and state their number of months of military service. Assuming that past job training, as well as past duty-work experiences, influence present work-role performance, the writer asked the respondents to describe such training and experiences. By asking the respondents to identify their Army Military Occupational Specialty (MOS), they indicated the job-duty areas within which they

¹Fidelia A. Masi, "Social Welfare Needs and Services in the Military" (unpublished D.S.W. dissertation, The Catholic University of America, 1965).

possessed certain related skills and expertise; in identifying their Army Duty MOS, the respondents described the specific job-tasks or duties being performed by them. The respondents were asked to indicate the number of ACS centers to which they had been assigned (or worked) and to report the length of their present ACS assignment. These data were intended to enable the writer to formulate some impressions about the nature of the respondents' past experiences in ACS-- especially in terms of the effect they would have on their present ACS roles and functions.

The respondents were asked to indicate the number of years of school they had completed as well as other schooling or training (for example, nurses training) they had experienced. If they had completed college or graduate studies, they were further requested to indicate degrees earned and their major areas of study. If the respondents had any social work experience, the number of months of such experience in both Army and civilian life was reported. Such experiences were further described by reporting the number of months worked in each of the social work methods/areas. Respondents who had no training or experience in social work described their work experiences before entering the Army as well as their Army duty assignments outside of ACS. Responses to these questions provided the writer with data which described the educational, training, and job experiences of ACS personnel as well as the areas of specialization within which social work-trained personnel assigned to ACS have functioned.

Hersey,¹ Hill,² Hoffman,³ and Rooney⁴ identify and describe specific role responsibilities and services that should be carried out and provided by ACS personnel and ACS centers respectively. Such responsibilities and services were formulated into questions and included in the questionnaire. The respondents were asked to indicate whether or not they performed the listed duties or responsibilities and how often.

As a result of personal experiences in ACS and observations made during site visits to selected ACS centers, the writer had observed that ACS personnel are very often required to perform other duties or tasks completely separate from, but additional to, their ACS responsibilities. The writer questioned the relationship between these duties and ACS responsibilities and functions. Accordingly, the respondents were asked to identify other military duties performed and to rate how often they performed such duties.

What is the nature of contacts or interaction by ACS Officers with other community welfare resources? Are these contacts formal or

¹William J. Hersey, Jr., "Army Community Service Center" (paper presented at the 16th Annual Military Social Work Seminar, Chicago, Illinois, May 28-29, 1966), pp. 2-5.

²William G. Hill, "The Role of the Professional Social Worker in Army Community Service" (paper presented at the Army Social Work-Current Trends Course, Walter Reed Army Medical Center, Washington, D.C., November 28-December 2, 1966), pp. 3-4.

³Moe Hoffman, "Army Community Service: A Civilian Consultant's Analysis" (paper presented at the Current Trends in Army Social Work course, Walter Reed Army Medical Center, Washington, D.C., November 28-December 2, 1966), pp. 709.

⁴William S. Rooney, "The Army Community Services: A New Program in Army Social Work" (paper presented at the 14th Annual U.S. Army Clinical Social Work Conference, Los Angeles, California, May 23-26, 1964), pp. 5-6.

informal; and are they for staff conference, policy, or case planning purposes? Do ACS Officers serve as members or officers on committees of other social welfare agencies, and, if so, which? In answering these questions, the respondents indicated the ways and frequency with which ACS centers meet the following objectives: (1) coordinate off-post (civilian) social welfare programs with on-post (Army) programs; (2) coordinate post-installation social welfare services; and (3) interpret welfare needs of Army families to the civilian community.

Since the data desired from the volunteer respondents differed considerably in its nature from that needed from the other respondents, the writer had to develop a different set of identifying information questions for the volunteer coordinators or directors. The development of these questions will now be described.

Data regarding the overall military status of the volunteer coordinators was secured by their stating their husbands' branch of military service, his rank, and whether or not he was active duty or retired. For those respondents who were not dependents of servicemen, a status category of "Other" was included in the questionnaire for them to complete.

The volunteer coordinators were asked to describe their education--grade completed, degrees earned, and major areas of study. Data describing educational and work experiences brought to ACS centers by volunteer coordinators served as a basis for examining the relationship between volunteer coordinators' education and past work experiences and their performance of present ACS duties.

For the purposes of the study, the writer wanted to know the types of experiences and the degree of involvement of the volunteer coordinators with ACS. Accordingly, he asked the respondents to indicate whether or not they had attended ACS volunteer training courses and, if so, how many, and to specify the number of ACS centers in which they had performed volunteer services. They were also requested to describe the different positions they had held in ACS and for how long a period (in terms of months). The respondents were also asked to list and describe their present duties as volunteer coordinators or directors.

As it was impractical and extremely difficult to involve all volunteers in the study, the writer decided to question only the director or coordinator of volunteers on the assumption that this person would be the most knowledgeable about volunteer programs and services. In order to determine and describe the actual role of the volunteers in providing or delivering services within ACS, the volunteer coordinator was asked to answer the following questions about her volunteers: (1) How many active volunteers are there in your ACS center? (2) What is the military status of the majority of your volunteers? and (3) What is the educational level of the majority of your volunteers?

Observations made during the site visits and the review of selected literature related to ACS enabled the writer to develop a list of 15 volunteer committees which seemed to be the most common ones developed in individual ACS centers. The volunteer coordinator was asked to indicate whether or not her center had each of these committees-services, and, if so, how many volunteers were assigned to each.

Comments made by Barber,¹ Penfold and Moore,² and Delliquadri³ which point out the need for and value of in-service training programs for volunteers functioning within social welfare agencies were cited previously in Chapter III of this study. To learn more about the status and nature of in-service training programs within ACS, the writer asked the volunteer coordinators to indicate whether or not their centers provided training courses for volunteers, and, if so, whether the volunteers are required to attend such courses.

In identifying and formulating the question areas to be included in Part II of the questionnaire, the writer was confronted by three essential methodological questions: First, what was the most valid and reliable way of identifying the social welfare problems, social welfare services, and social welfare agency resources to be included in the questionnaire so as to provide for meaningful responses to the major study questions? Second, in what manner or approach--open-ended versus closed or fixed-alternative--were the questions to be presented or asked? And third, what would be the study population or who, among ACS personnel, will complete the questionnaire?

The writer was desirous of including in the questionnaire problems, services, and resources common to as many ACS centers as possible,

¹Barber, "Bureaucratic Organization and the Volunteer," p. 608.

²Penfold and Moore, "The Social Work Assistant," p. 555.

³Delliquadri, "Developing Manpower for the World's Social Welfare Needs," p. 33.

thereby assuring a maximum number of replies from the respondents to the sub-questions about problems, services, and resources. To accomplish this the writer had to become more familiar with the organization and functions of ACS centers. Therefore, during the months of February through May, 1969, he conducted the series of site visits (mentioned previously in this study) to two selected ACS centers, located in the states of Maryland and Virginia.

During these visits, the writer conducted interviews with various ACS personnel. These interviews focused on such matters as the nature of the center's organizational structure, administrative and management policies and procedures utilized, staff relationships, personnel utilization, and current operational problems experienced within the center. The writer also spent time just observing the day-to-day operations and activities that occurred within the centers. The writer also attended various special meetings conducted in the centers. Examples of such meetings were a Volunteer Committee Supervisors meeting, a meeting of ACS personnel who explored Needs of Servicemen and Their Families, and a special meeting of area ACS Officers who discussed problems and ways of improving their working relationships with the Office of Civilian Health and Medicare Program for Uniformed Services, U.S. Army, Denver, Colorado.

Administrative manuals, records, and reports made available to the writer by the centers were also reviewed. For example, organizational charts were examined, in addition to written job descriptions, training media files, volunteer personnel data records, and personnel

data cards completed by clients. The writer studied ACS center annual reports, written reports from Volunteer Committee chairman, Waiting Wives Bulletins, and other types of literature designed for providing general information to Army servicemen and their families. Recorded ACS Advisory Council Minutes provided very pertinent information to the writer concerning specific social or community problems brought before the Council members for their examination and possible resolution. Examination of the recorded procedures of the Area All-Volunteer Meetings revealed specific services being provided by ACS volunteers and volunteer committees, in addition to describing a discussion of operating problems experienced by certain volunteer committees.

The site visits assisted the writer in determining, identifying, and formulating the questions and question areas to be included in both Part I and Part II of the questionnaire. During these visits, the writer reviewed individual case records and semi-annual statistical reports submitted by the ACS centers to the Personnel Services Division, ODCSPER, Department of the Army.

The case records identified actual social welfare problems experienced by Army personnel and their families; indicated to the writer what personnel types were confronted by these problems; and specified the various Army and civilian community welfare resources utilized by ACS center personnel in the resolution of such social welfare problems.

Four major sections related to social welfare problems and social welfare services were contained within the semi-annual statistical reports. The contents of each section assisted the writer in the

following manner: (1) section one identified the number of service requests by personnel type--active Army military, active Army dependents, etc.--received by the ACS center; (2) section two specified the types as well as the number of social welfare problems requiring services from ACS centers; (3) section three described the disposition of requests for services; and (4) section four described ACS activities related to the delivery of services.

In addition to the data secured by the writer during the site visits, selected literature offered guidance and direction to the writer in constructing the lists of social welfare problems, social welfare services, and social welfare agency resources. For example, the community services and social welfare programs described by Kahn¹ and discussed in publications by the United Community Funds and Councils of America,² as well as the social welfare problems identified by Beck³ and Kogan and others⁴ have been cited previously in Chapter III of this study.

With the general content of the study questions formulated and development of the lists of social welfare problems, services, and

¹Alfred J. Kahn, Planning Community Services for Children in Trouble (New York: Columbia University Press, 1963).

²Voluntarism and Urban Life Project, Programs Relevant to Urban Problems.

³Beck, Patterns in Use of Family Agency Services, p. 15.

⁴Kogan, Hunt, and Bartelme, A Follow-up Study of Results of Social Casework, p. 108.

social welfare agency resources completed, the writer next had to determine in what manner the questions would be presented or asked.

The large amount of variation among ACS centers regarding social welfare problems presented, personnel skills available, and social welfare services provided required that forced-alternative questions be utilized. Construction and presentation of questions in this manner allowed for a manageable plan of data analysis. In addition, the length of the questionnaire made open-ended questions impractical, for their use would have made completion of the total questionnaire time consuming for the respondent, and analysis of the data time consuming for the writer.

With regards to the social welfare problems listed in the questionnaire, the writer wanted to know which problem or problems were brought to ACS centers the most often and the least often and by whom (in terms of Army personnel types). The writer constructed mutually exclusive rating categories, and the respondents were asked to employ these in rating the different personnel types as to the frequency with which they brought each listed problem to the ACS center for assistance.

From the constructed list of social welfare services, the respondents were asked to indicate by "Yes" or "No" reply whether or not each listed service was provided by their ACS center. If the center did not provide a specific service listed, the respondents were asked to indicate whether or not they believed the service should be provided.

The social welfare problems and services were listed and stated in a broad, general manner. While the writer realized that this

allowed for variations in interpretations on the part of the respondents, the broadness and generality seemed justified in that they provided for increased applicability of the problems and services to a maximum number of ACS centers. The writer did not assume that every problem on the list was brought to all ACS centers, nor did he assume that every service listed was provided by all ACS centers.

An effort was made to establish a "goodness of fit" between problems and services. That is, when listed social welfare services appeared to match or correspond with specific social welfare problems listed, they were placed, when possible, immediately adjacent to each other on the questionnaire. This arrangement was made in order to provide a sense of ease to the respondent when he replied to this section of the questionnaire. However, this arrangement was later modified as a result of pretest experiences. The changes required are described later in this chapter.

With regard to the social welfare services listed in the questionnaire, the respondents were asked to indicate which ACS staff member--ACS Officer, social work officer (if he was not the ACS Officer), civilian social work assistant or enlisted case aide, or volunteer--primarily provided the service and who among personnel client types used the services the most. The clarifying terms--primarily and most--were included in the questions because the writer assumed, first, that all of the listed ACS staff members probably have the occasion to provide many of the services available at their ACS centers; and, secondly, that each of the personnel client types described use the same services (as listed in the questionnaire) provided by the centers.

During his site visits, the writer observed how ACS staff personnel used other community welfare resources--both Army and civilian--in attempting to assist Army personnel and their families in the resolution of their personal problems. The availability of such resources was also considered by ACS personnel when identifying new problem areas and considering the creation of new services to respond to such problems or needs. Mindful of these facts, the writer included in the questionnaire lists of other Army and civilian community welfare resources and asked the respondents to indicate (by a yes, no, or don't know reply) whether or not such resources existed on their post or installation and in their nearby civilian communities. In addition, the writer requested that the respondents assess the adequacy of assistance provided by these resources, when requests for services were made to them. To accomplish this, the respondents utilized the rating categories of not helpful, helpful, and very helpful, which were constructed by the writer.

The ACS center impressed the writer as being an ideal setting for studying and developing additional data and knowledge related to manpower problems in the provision of social welfare services and in the field of social welfare, in general. The writer's observations of ACS centers and his review of ACS literature and documents led him tentatively to conclude that the majority of personnel providing or delivering services within ACS did not possess graduate degrees.

Since ACS centers utilize personnel both with and without graduate degrees for the provision or delivery of social welfare services, it seemed to the writer that meaningful data could be secured

by asking these personnel to indicate their preferences concerning who among social welfare personnel types could adequately deliver or provide the specific social welfare services listed in the questionnaire. The respondents were asked to rate each service even if their ACS center did not provide the service. In order to provide for some degree of uniformity in the respondents' ratings, the writer constructed rating categories which defined the degree of adequacy as not at all, good, or excellent. The respondents were required to rate each personnel type for each social welfare service listed using the rating categories provided.

In summary, the questionnaire contained 29 pages and was divided into two major sections or parts. Part I consisted of the first four pages and contained the questions directed at securing identifying information about the respondents. Part II was divided into four subsections, each of which contained questions directed at the major study questions.

Subsection one consisted of five pages and contained the list of 62 social welfare problems. Using the rating categories provided by the writer, the respondents were asked to indicate how often each of eight personnel client types brought each listed problem to the ACS center for assistance.

Subsection two of the questionnaire consisted of eight pages. Eighty-five social welfare services were listed on these pages, and the respondents were asked to indicate whether or not their ACS center provided each of the services listed. Also for each of the services listed, the respondents were asked to rate the adequacy with which they

believed each personnel type--nonprofessional, subprofessional, and professional--could perform or deliver the service.

The eighty-five services were again listed on the seven pages contained within subsection three. In this section, the respondents identified the ACS staff member primarily responsible for providing each service listed and indicated, from a list of eight client types, which client type utilized each listed service the most.

The final subsection consisted of five pages. The first two contained a list of 20 other Army community welfare resources, and 41 other civilian community welfare resources were listed on the remaining three pages. The respondents were instructed to indicate whether or not these resources were available to them, and then they were required to assess the adequacy of assistance provided by these resources to them and Army personnel and their families in working with their problems.

Definition of Terms

Army Community Service personnel, when grouped into the categories of nonprofessional, subprofessional, and professional, are seen as being representative of the types of personnel working in social welfare agencies, in general.

The personnel categories are defined in the following manner:¹

¹These definitions are based, in part, on concepts formulated by Masi in her study and by Barker and Briggs in Differential Use of Social Work Manpower.

- Nonprofessional--Volunteer:** An individual without the professional social work degree who works without salary in a social welfare agency in a position connected with a social welfare function. The nonprofessional may work independently of the professional but still serves the client only in relation to the professional. Although his functions are different from the professional's, they are not seen as inferior to those of the professional. The nonprofessional could have very little training or experience in the area of social welfare, or he could be highly educated and experienced in other areas or professions other than social work or social welfare.
- Subprofessional--Social Work Assistant or Enlisted Case Aide:** An individual without the professional social work degree, but usually with a college degree, who is a full time, salaried employee in a social welfare agency in a position connected with a social welfare function. He works with the professional and performs specific activities delegated to him by the professional. He is an aide, an assistant, a technician, and performs functions that are auxiliary to the professional's service provision.
- Professional:** An individual with a Master's Degree or a more advanced degree in social work.

The respondents were instructed to use these definitions when they made judgments on specific social welfare services that can be adequately delivered or performed by professional, subprofessional, and nonprofessional personnel working in social welfare agencies.

The Study Population

The criteria for determining the study population were decided upon in March, 1969 during the time the writer was conducting site visits to the selected ACS centers. Decisions related to the determination of the criteria were based upon the definitions of the personnel

categories as presented previously, discussions with the Social Service Consultant to the ACS Branch, and the writer's review of the semi-annual statistical reports submitted to the ACS Branch, Personnel Services Division by all ACS Centers.

In determining the study population, it was necessary to first select the ACS centers that were asked to participate in the study, and, secondly to identify the ACS staff members or personnel to whom questionnaires were distributed.

The criteria utilized in selecting the ACS centers were as follows:

1. The centers included all those where ACS Officers were Army social work officers as well as those centers which had social work officers assigned to them in positions other than ACS Officer. These centers are, by regulation, established at the more heavily populated posts or installations, and therefore offer a broader perspective from which to explore social welfare problems experienced by Army personnel and their families. Documents and literature reviewed by the writer indicated that these centers seemed to have a more strongly organized and a more active program than those centers which do not have social work officers assigned to them. Also, having these centers participate in the study provided the population of professional personnel needed for the purposes of the study.

2. In addition to meeting criterion number one, the ACS centers having an active volunteer program, with specific volunteer committees formed, were also included. Since, by regulation, volunteers are

designated as being one of the major sources for the provision of services at ACS centers, those centers having active volunteers could be expected to have a well-established program providing a wide variety of services. These centers provided the nonprofessional population required by the study.

3. Known points of contact (as defined earlier) were not included.

The criteria utilized in identifying those personnel assigned to the selected ACS centers to whom the questionnaires were distributed were as follows:

1. All ACS officers were included.

2. Social work officers assigned to ACS centers in positions other than ACS officers were included. At centers where two social work officers were assigned, only one such officer was included.

3. A Civil Service employee (with possible job titles of Assistant ACS officer, ACS Coordinator, Civilian Social Work Assistant, Social Service Representative, etc.) or an Enlisted case aide-specialist with an MOS of 91G (social work/psychology specialist) from each selected ACS center was asked to complete the questionnaire. The Civil Service employee or the case aide most familiar with the operations performed and the clientele served by the center was requested to answer the questionnaire. Secretarial or clerk-typist personnel were not included. These respondents constituted the study's subprofessional population.

4. The director or coordinator of volunteers from each selected ACS center was included.

Since there were no official ACS Program records available to indicate actual numbers of personnel assigned to ACS centers or the number and types of staff positions occupied at each center, the writer assumed that the four above-described staff positions were occupied at all centers participating in the study. As one exception to this, however, the writer was able to secure the names and locations of those ACS centers where social work officers were assigned either as ACS Officers, ACS Coordinators, or in other staff positions. This was accomplished by a review of the official Army Social Work Officer Assignment Status Roster maintained by the Office of the Social Service Consultant, Office of the Army Surgeon General.

Table 1 indicates the number of ACS centers selected to be included in the study, their general location, and the number and types of personnel asked to respond to the questionnaire. As can be seen, 45 centers (64%) were located in the Continental United States, and 25 centers (36%) were located overseas. Forty-five ACS Officers (21%) from centers in the United States were asked to participate in the study, 16 (7%) of whom were social work officers; 25 ACS Officers (11%) were from centers located overseas, 6 (3%) of whom were social work officers. Nine additional social work officers (4%) assigned to ACS centers in the United States were asked to answer the questionnaire. Forty-five social work assistants or enlisted case aides (21%) and 45 volunteer coordinators or directors (21%) from centers in the United States, and 25 of each of the personnel types (11%) from centers located overseas were asked to be study participants. In summary, ACS Officers, including those who were also social work officers, comprised 32% of the study population; additional social work officers, 4%; and social

work assistants or enlisted case aides plus volunteer coordinators or directors, 32% each.

TABLE 1
DISTRIBUTION OF STUDY PARTICIPATION BY
ACS CENTERS AND ACS PERSONNEL

Population	Potential Participation					
	Frequency			Percentage		
	Conus ^a	Overseas	Total	Conus ^a	Overseas	Total
ACS Centers	45	25	70	64	36	100
ACS Officers	45 ^b	25 ^c	70	21 ^d	11 ^e	32
Social Work Officers	9	..	9	4	..	4
Social Work Assistant or Enlisted Case Aide	45	25	70	21	11	32
Volunteer Coordinator/Director	45	25	70	21	11	32
Total	144	75	219	67	33	100

^aCenters located in Continental United States.

^bIncludes 16 Social Work Officers who are ACS Officers.

^cIncludes 6 Social Work Officers who are ACS Officers.

^d7% are Social Work Officers.

^e3% are Social Work Officers.

Because the study had been designed principally as survey research, all respondent types--ACS Officer, social work officer, civilian social work assistant or Enlisted case aide, and volunteer coordinator/director--were asked to complete the Identifying Information section of the questionnaire. All respondents were also asked to answer the following areas of questions: (1) how often each social welfare problem listed was brought to ACS centers and by which client

personnel types; (2) whether or not each listed social welfare service was provided by the ACS centers, and, if not, should it be; and (3) the area of questions requiring the respondents to indicate which category of social welfare personnel they believed could adequately deliver the social welfare services listed and with what degree of adequacy.

The writer assumed that of all the personnel working at ACS centers, the ACS Officer or director should be the most knowledgeable regarding staff utilization in providing services, client use of services, the existence of other nearby community welfare resources, and the adequacy of services provided by them when called upon for assistance. Therefore, only the ACS Officer answered the following questions: (1) which ACS staff member is primarily responsible for providing each social welfare service listed in the questionnaire; (2) who, among the client personnel types, utilizes each listed service the most; and (3) which of the other Army and civilian community welfare resources listed are available to the ACS center, and how adequate is the assistance provided by such resources.

The Pretest of the Questionnaire

Mindful of the purposes of and value in pretesting research questionnaires, as described in Chapter III of this study, the writer began the pretest of his questionnaire in April, 1969. Personnel assigned to the ACS centers where the writer conducted site visits were utilized for the pretest. Specifically, these personnel consisted of the following: two ACS officers who were also social work officers, one social work officer who was not an ACS officer, one officer

assigned as ACS Assistant, two civilian social work assistants, one enlisted case aide, and two volunteer directors. In all, nine ACS center staff members participated in the pretest. While this number appeared somewhat small, the writer believes it was very similar to and representative of the sample that actually used the questionnaire in the study.

Prior to their undertaking the task of responding to the questionnaire, the pretest participants were briefed by the writer on the nature and purpose of the study, the design of the questionnaire, and the overall aim and specific intent of the questions. In May, 1969, the writer conducted interviews with the respondents after they had completed the questionnaires. During these interviews, the respondents discussed such matters as: (1) what the questions meant to them, (2) what difficulties they experienced in replying to the questions, (3) further ideas they had that were not brought out by the questions, and (4) how they would ask the questions.¹ In addition, the writer asked the respondents how long it took to complete the questionnaire.

During the discussions, the pretest respondents indicated they had no difficulty in completing Part I--Identifying Information--of the questionnaire. It took the respondents an average time of two hours to complete the questionnaire. The respondents identified positive by-products of the questionnaire and the pretest; these are discussed more thoroughly later in this study.

¹Selltiz, et al., Research Methods in Social Relations, p. 551.

Significant problems were experienced by the respondents when replying to questions and instructions contained in Part II of the questionnaire. The nature of these problems were as follows: first, the respondents had considerable difficulty in interpreting the instructions and, therefore, rating the adequacy with which professional, subprofessional, and nonprofessional personnel could deliver the social welfare services listed in the questionnaire; and, secondly, the layout developed and utilized to provide for a matching between social welfare problems and social welfare services only served to confuse the respondents to a considerable degree.

Concerning the first problem area, the respondents were generally uncomfortable with the words "could adequately deliver or provide" the social welfare service. Some thought and responded accordingly that the question must read--"who should deliver or provide this service." Each of the personnel types could provide each of the services sometime, but whether he should provide them, in terms of training and ability, seemed to be the more important question. Another respondent thought the question should ask--"who could best deliver or provide each service listed."

The general disagreement experienced and expressed by the respondents in relation to this area resulted in their continually fluctuating between "could" and/or "should" when answering; hence, they were not consistent with their ratings or answers. The respondents' experiences with this section of questions led to a major change, by the writer, in the wording of the instructions or questions, and different categories for use in rating the professional, subprofessional,

and nonprofessional personnel were introduced. The new instructions read as follows: Even if your ACS center does not provide each social welfare service listed, whom would you select, in the ideal situation (i.e., if all three personnel types were available), to deliver or provide this service in order of preference? Indicate your order of preference for each personnel category below (professional, subprofessional, nonprofessional) for each service according to the following scale--first choice, second choice, or not at all.

With regard to the second problem area--the layout of problems and services--the listing of social welfare services on the same page and immediately adjacent to the list of social welfare problems was done with three purposes in mind: (1) to correlate, when possible, social welfare services with corresponding social welfare problems; (2) to provide a sense of continuity in the page and question format for the respondent; and consequently, (3) provide a sense of ease for the respondent in replying to the instructions or questions. These objectives were not fulfilled, however, because the respondents said they were misled and generally confused by the format. For example, they experienced considerable difficulty in trying to accept the appropriateness of services matched with problems by the writer, and, as a result of their difficulties, they often failed to record their responses or ratings. They also said that the format often led them to record incorrect responses or ratings. And where, at times, services were not matched with problems on the questionnaire, the respondents found themselves spending considerable time trying to correlate services with problems where they believed such a matching was possible. In an

effort, therefore, to obviate these difficulties, the writer altered the questionnaire format so that no attempt was made to correlate the list of social welfare services with social welfare problems.

The pretesting of the questionnaire and the accompanying necessary revisions were completed by the writer at the end of May, 1969.

Mailing Procedures

Following the printing, collating, and construction of the questionnaire, it was necessary for the writer to code each of the 219 questionnaires before they could be distributed. Three separate codes were developed and utilized; the codes were recorded on a fact/comment return sheet which was developed by the writer. Using this sheet, the writer was able to record such information as the following: (1) the return date of the questionnaire, (2) the ACS center from which the questionnaire was returned, (3) which respondent type returned the questionnaire, (4) which questionnaire was returned uncompleted because of the unavailability of a respondent, and (5) various comments regarding the manner in which the respondent completed both Parts I and II of the questionnaire.

Each ACS center was coded numerically and consecutively; the codes, therefore, ran from one to forty-five for centers located in the United States and 46 through 70 for centers located overseas. A matching coded address list indicating the location of the coded centers was also developed. A second code was used to identify and distinguish the different types of respondents whose questionnaires were coded as follows: 1 = ACS Officer; 2 = social work officer not an ACS Officer;

3 = civilian social work assistant or Enlisted case aide; and 4 = volunteer coordinator or director. And, finally, each respondent was identified with a subject or respondent code number, running consecutively from one through 219. This code number was not entered on the questionnaire; only the ACS center and respondent type code numbers appeared on the questionnaire (for example, code 41-1 would indicate the questionnaire completed by the ACS Officer assigned to ACS center 41).

Two cover letters were distributed with each questionnaire. (See Appendix I for copies of these letters.) The first letter was constructed by the writer for the purpose of soliciting the respondent's participation in the study and explaining the nature and purposes of the study. The other was an official Department of the Army letter from the Social Service Consultant, ACS Branch, Special Affairs and Review Division, ODCSPER, addressed to the writer. Through this letter, the Social Service Consultant identified the positive contributions which could be made to the Army Community Service Program by the study, and he offered his endorsement as well as that of the ACS Branch to the proposed research.

A maximum of four questionnaires was sent to each ACS center, depending upon the writer's knowledge of the types and numbers of personnel assigned. As stated earlier, such knowledge was sparse and varied considerably in relation to the centers. The writer, therefore, had to rely on each center's ACS officer to distribute the questionnaires, with return envelopes, to the appropriate personnel-respondents (defined earlier in this chapter).

Data collection began in July, 1969, at which time the questionnaires were mailed.

Method of Data Analysis

In this study, two types of data required analysis--(1) the identifying information describing the respondents, and (2) the data concerning the major study questions. The methods utilized to analyze these data will be described and discussed separately. However, some general remarks can be made regarding the total analysis process.

Raw data entered on the questionnaires were converted to numerical codes developed by the writer. This process was not carried out, however, when actual values were involved (for example, with variables like--length of military service). The writer and recorders employed by the writer then transcribed the coded and actual-value data from the questionnaires onto IBM Data Sheets. Every fourth questionnaire completed by the recorders was screened for errors by the writer. Errors, when located, were jointly corrected by the writer and the recorders. The data sheets were then processed through an IBM 1232 Optical Scanner which produced punched IBM cards containing data from the questionnaires. The data cards were processed on a Sorter-Counter and IBM 1620 Computer for the analysis. A system of color-coding was used with the data cards. Army Community Service centers located in the United States were identified by white cards, and centers located overseas were identified by yellow cards.

In addition to data and/or data codes having been punched on the data cards, the following information was also punched on every

card: the ACS center identification number, the respondent or subject identification number and codes identifying the type of respondent (for example, ACS Officer, volunteer coordinator, etc.) who completed the questionnaire or whose data appeared on the card. This information, especially the identifying codes, was required for sorting when dividing the card decks or data for purposes of analysis.

The study data were analyzed through the use of the following descriptive statistics: high and low score, range, mean, frequency distribution, and percentage.

In the analysis of the Identifying Information (Part I of the questionnaire), the respondents were divided and classified into respondent types and coded accordingly: 1 = ACS Officer; 2 = ACS Officer-social work officer; 3 = social work officer; 4 = other Army officer; 5 = Enlistee personnel; and 6 = Civil Service employee. For the analysis of the identifying data on these respondents, the complete data deck was sorted, according to the established codes, into separate decks for each respondent type. Analysis was then performed on each separate deck. The Identifying data on volunteer coordinators or directors were kept separate from the other respondents and analyzed separately since their questions were different. Question responses were precoded when possible, and this occurred most often on Part I of the volunteer coordinators' questionnaires.

Thirty-eight attribute-questions (that is, questions which yielded qualitative data) were contained within Part I of the questionnaire--14 in the volunteer coordinator questionnaire and 24 asked of

the remaining respondent types. Attribute responses were coded, punched, and analyzed by summing and percentages. The sorter-counter and a desk calculator were utilized to conduct this analysis.

Thirty-three variable questions yielding quantitative data were asked of the respondents--18 in the volunteer coordinator's questionnaire and 15 in the questionnaires of the remaining respondents. Responses to these questions were also coded, punched in IBM cards, and analyzed by using the measurements of range and mean. This analysis was performed through the use of a desk calculator. Scores were rounded off to two decimal points.

Question number two (for all respondents other than the volunteer coordinators) of the identifying information--the rank of military respondents--was treated by using a method similar to that developed by Masi¹ in her study. The rank of each Officer respondent was given the rank value or code which the military uses in granting pay and allowances. For example, the lowest rank--second lieutenant--was given the rank value of 1; colonel has the rank value of 6. Enlisted respondents have rank values from E-2 to E-9, and these were coded as follows: E-2, coded 7; E-3, coded 8; and so on up to E-9, coded 14. The raw total for each rank was arrived at by multiplying the number of each rank responding by the rank value. The raw totals for each rank of each respondent type were then averaged.

Certain identifying information questions were open-ended in their construction; therefore, the responses to these questions could

¹Masi, Social Welfare Needs and Services in the Military, p. 95.

not be punched as data on IBM cards. The writer analyzed these data by inspection and review of the questionnaires. Central tendencies in the responses were identified, and frequencies were recorded on central tendency work sheets. The following two questions asked of the volunteer coordinators were subjected to this type of analysis: question D--description of ACS volunteer work positions; and question E--identification of present duties as coordinator or director of volunteers. Open-ended questions for the other respondent types consisted of the following: Questions B and C--description of past duty assignments and work experience of respondents without social work training or experience; question 40--identification of other military duties (in addition to ACS duties) performed by ACS military respondents and ratings of how often these are performed; and questions 41 and 42--identification and description of contacts and interaction with other Army and civilian community social welfare agencies.

The responses to the questions contained in each section of Part II were punched on separate decks of IBM cards. This was done in order that the writer could manage the total analysis process more easily. These separate decks were further subdivided for analysis by sorting the cards according to various coded areas such as: (1) the type of respondent answering the questionnaire, (2) the type of client experiencing the social welfare problem, (3) the type of ACS staff member delivering the service, etc. The operations involved in this process will become more understandable as the method of analysis for each section of Part II of the questionnaire is described in more detail below.

For each of the 62 social welfare problems listed in the questionnaire, the respondents were asked to rate how often eight designated client personnel types came to their ACS center seeking assistance with each problem listed. The eight client personnel types consisted of Army Officer active duty, his dependents, Army Enlisted man active duty, his dependents, Army Officer retired, his dependents, Army Enlisted man retired, and his dependents. Each of these types was coded with number 1 through 8, respectively. The codes with which the respondents were to rate how often each client type brought each problem listed to the ACS center for assistance were as follows:

0 = Never; 1 = Seldom; 2 = Sometimes; 3 = Often; and 4 = Very Often.¹

Total ratings by all the respondents were sorted into separate data decks for analysis according to the type of respondent completing the questionnaire. The respondent types were designated and coded as follows: 9 = ACS Officer; 10 = social work officer; 11 = Civil Service employee or Enlisted man; 12 = volunteer coordinator or director; and 13 = other Officer. IBM computer programs² for frequency distribution were run for all ratings by all respondents on each social welfare problem listed. The average or Mean rating for each problem was secured by using a desk calculator. The ratings on all problems experienced by each personnel type were summed and totals for each

¹These ratings were defined on each page of the questionnaire where utilized.

²The programs were developed by Wylma R. Curtin and Jean Warthen, Basic Statistics Programmed for the IBM 1620 Computer (Kensington, Md.: Culverton Co., 1965).

personnel type were compared. The highest score indicated the client type experiencing the greatest number of problems listed, while the lowest score defined the client type experiencing the least. High and low scores were also used to indicate what problem was experienced by which type of client the most and what problem was experienced least by each client type.

The respondents were asked to indicate whether or not their ACS center provided each of the listed 85 social welfare services. Their choice of responses were: 1 = yes, 2 = no, and 3 = no but should. The total replies from all respondents were sorted into separate data decks according to the type of respondent who completed the questionnaire. There were two respondent types who were coded as follows: 5 = ACS Officer-social work officer; and 6 = ACS Officer-non-social work officer. The writer was interested in determining whether or not there would be significant differences in the numbers and types of services provided when the ACS Officer was or was not a professionally trained social worker. Since the writer expected differences or disagreements in replies from respondents located at the same ACS center, he assumed that the ACS Officers' responses would be the most reliable indication of which service was or was not provided by the ACS center. Replies were summed by using a desk calculator, and the number of centers providing and/or not providing each service was indicated. Totals were compared to indicate agreements, when they occurred, regarding which services were not being provided by ACS centers but should be.

The respondents were asked to indicate their preferences concerning the delivery or provision of 85 social welfare services (contained in the questionnaire) by professional, subprofessional, and nonprofessional personnel working in social welfare functions or agencies. For each of the services listed the respondents rated or indicated their preference for each of the three personnel types by using the following codes: 1 = First choice, 2 = Second choice, and 3 = Not at all.

The responses were sorted or divided into the following groupings--professional, subprofessional and nonprofessional, as determined by the identifying information data--and the replies--preferences were analyzed accordingly. Analysis was completed on First Choice and Not At All preferences only. This was decided upon in order to reduce the excessively large number of IBM cards which would have been required to complete the analysis of all three preferences. Also, the writer believed that analysis of the two extremes--first choice or not at all--would be more meaningful in relation to the purpose of the study. Personnel preferences for the delivery of each service, as recorded by the three respondent groups, were totalled by frequency distribution. Percentages were also computed to show what percentage of each respondent group selected professional, subprofessional, and nonprofessional service deliverers as preferences of First Choice and Not at All.

Army Community Service Officers who were also social work officers and those ACS Officers who were not social work officers were requested to identify which of the following ACS staff members--ACS Officer, social work officer if he is not the ACS Officer, civilian

social work assistant or Enlisted case aide, volunteer, or other Army Officer--was primarily responsible for providing each of the 85 social welfare services contained in the questionnaire. Each of the staff members was assigned a code. The two respondent types were also coded, and their replies were sorted or separated into two data decks. Code values reported by the respondents for each ACS staff member were then totalled by using the sorter-counter. Totals and means were computed on each staff member by using a desk calculator. The staff member primarily responsible for delivering each service listed would be indicated by the highest total value.

For each of the 85 social welfare services listed, the ACS Officers were requested to identify which of the four client types-- (1) Army Officer, active duty; (2) Officer's family; (5) Enlisted Man, active duty; and (6) Enlisted Man's family¹--used it the most. Codes-responses reported by the respondents for each service were totalled on a sorter-counter, and corresponding means were computed through the use of a desk calculator. The client type receiving the highest total score for each service listed was considered as utilizing that service the most.

For each of the other Army and civilian community welfare resources listed in the questionnaire, the ACS Officers were requested to indicate whether or not each resource existed on their posts or installations and in the local nearby civilian communities. They were

¹Numbers in parentheses are codes assigned to each client type for use in the analysis of data.

to reply either (1) Yes, (2) No, or (3) Don't Know¹ to each resource listed. The coded responses were tallied by using the sorter-counter.

Also, for each resource listed and available, the ACS Officers rated the adequacy of assistance provided to them and Army personnel and their families by each resource when it was utilized. The ratings were made according to the following coded scale: 1 = Not helpful, 2 = Helpful, and 3 = Very helpful. The coded ratings for each resource were summed on the sorter-counter.

In this chapter, the methodology of the study has been described, including developing the research instrument, results of the pre-test of the instrument, defining the study population, mailing and procedures used in distributing the questionnaires, and methods of data analysis. In the following chapter, a summary of responses and characteristics of the study population is presented.

¹Numbers in parentheses are codes used in the analysis of the data.

CHAPTER V

CHARACTERISTICS OF THE STUDY POPULATION

The previous chapter described the methodology utilized to survey social welfare problems, services, personnel, and resources within Army Community Service. Before presenting in Chapters VI through IX the results of the analysis of data related to the major study questions, findings pertaining to the identifying characteristics of the respondents will be discussed in this chapter.

Questionnaires Mailed and Returned

Table 2 identifies the types and numbers of ACS personnel requested to complete the questionnaire. The number of questionnaires mailed, returned, and the percentage returned are also indicated.¹

A total of 218 questionnaires was mailed; 143 (66%) to personnel assigned to ACS centers in the United States and 75 (34%) to personnel in overseas centers. Of the 119 questionnaires returned, 29 (24%) were from overseas personnel, and 90 (76%) were returned

¹Only 20 of the 22 questionnaires returned by the ACS Officer-Social Work Officer were utilized; two were excluded because they were incomplete or they were not completed according to instructions.

For similar reasons, only 30 of the 40 questionnaires returned by the Enlisted and Civilian personnel were utilized. The 30 questionnaires included the following respondent types: other Army Officers--4; Enlisted personnel--16; and Civilian personnel--10.

by personnel located in ACS centers in the United States. Personnel from 70 ACS centers were asked to participate in the study: 45 centers were located in the United States and 25 were overseas. As indicated by returned questionnaires, 36 (51%) centers in the United States participated in the study, while only 14 (20%) of the overseas centers took part.

TABLE 2
SUMMARY OF QUESTIONNAIRES MAILED AND RETURNED

Participation	Respondent					TOTAL
	ACSO	ACSO-SWO	SWO	ENL/CIV PER	VC/D	
Questionnaires Mailed.	47	23	8	70	70	218
Questionnaires Returned.	16	22	8	40	33	119
Percentage Returned.	34	96	100	57	47	55

Table 2 indicates that of the five respondent groups, only one had a return rate significantly below 50 per cent--ACS Officers, with only 34 per cent. The writer is able to speculate regarding two factors which might have contributed to this low percentage of return. First, except for ACS Officer positions which official Army records indicated were occupied by social work officers, the writer had to assume that other ACS Officer positions were occupied, when in reality they might not have been. Hence, there would have been no respondent to complete the questionnaire. Anticipating this, the writer requested that unused questionnaires be returned, indicating no respondent was available.

However, no questionnaires for this group were returned. Therefore, the number, if any, of unfilled ACS Officer positions remains unknown. The second factor is that for many of the respondents who received the questionnaires, the duty of ACS Officer was probably a secondary one; they, therefore, may have considered themselves unable to complete the questionnaire.

The percentage of questionnaires returned increases, however, when those returned by the 22 social work officers who were ACS Officers are counted with those returned by the other 16 ACS Officers: 38 returned or 54%.

As anticipated, high percentages of return (96 and 100) were registered by social work officers. The writer was impressed with the number of questionnaires (33 or 47%) returned by the coordinators or directors of volunteers.¹ As unpaid members of the ACS staff, their interest in the willingness to participate in the study is interpreted by the writer as indication of their strong investment in and devotion to the ACS Program.

The Study Sample

The following pages contain a narrative and tabular description of the sample as categorized into the following eight areas: (1) branch of service; (2) Army rank; (3) Army and ACS experience; (4)

¹Only 24 of the 33 respondents, however, were included in the sample. Nine questionnaires (respondents) were excluded because they were incomplete or they were not completed according to instructions.

ACS positions occupied; (5) educational experience, which included major areas of study and degrees earned; (6) social work experience, which included amount and types; (7) performance of ACS duties and functions; and (8) performance of other Army duties. The descriptive statistical measurements of high and low scores, range, mean, and percentage were utilized for analysis.

Branch of Service.--The 58 Army respondents and the corps or branch to which they were assigned were as follows. Of the 10 ACS Officers, two were members of the Womans Army Corps, one belonged to the Adjutant General Corps, and the remaining seven were members of the following corps: 1-Quartermaster, 2-Infantry, 1-Armor, 1-Artillery, and 2-no data. Two of the four other Officers were from the Womans Army Corps, one from the Adjutant General Corps, and one a member of the Transportation Corps. Of the 16 Enlisted personnel, three were members of the Adjutant General Corps, and two belonged to the Transportation Corps. Eleven of the replying Enlisted personnel were assigned to the Army Medical Service enlisted branch. All replying social work officers (28) assigned to ACS centers were members of the Medical Service Corps. Hence, of the 58 Army respondents, 39 (67%) were members of the Army Medical Service, whose mission in part has traditionally encompassed the health and welfare of the soldier and his dependents (family).

Rank.--Table 3 indicates the rank distribution of 58 respondents who were on active duty Army status when they completed the questionnaire. The mean ranks for the four respondent groups were: ACS Officers--Captain; ACS Officers who were social work officers--Major; other social work officers--Captain; other Officers--First Lieutenant; and Enlisted

TABLE 3

RANK OF MILITARY RESPONDENTS

Respondent Type	Rank	Number Responding	Army Rank Value	Raw Total ^a	Mean Rank ^b
ACSO	MAJ	3	4	12	
	CPT	2	3	6	
	1LT	3	2	6	
	2LT	1	1	1	
	WO-1	1	1 ^c	1	
Total		10	..	26	3
ACSO-SWO	LTC	5	5	25	
	MAJ	1	4	4	
	CPT	14	3	52	
Total		20	..	81	4
SWO	CPT	8	3	24	
	Total	8	..	24	3
OO	1LT	3	2	6	
	2LT	1	1	1	
Total		4	..	7	2
Officer Total		42	..	138	3
ENL PER	E-7	2	7	14	
	E-6	5	6	30	
	E-5	4	5	20	
	E-4	3	4	12	
	E-3	1	3	3	
	E-2	1	2	2	
Total		16	..	81	5

^aIs derived by multiplying the Number Responding column by the Army Rank Value column.

^bIs derived by dividing the sum of the Raw Total column by the sum of the Number Responding column.

^cFor purposes of this study, WO-1 was given rank value of 1; however, this is not necessarily indicative of actual Army rank value.

men--E-5 (Sergeant/Specialist 5th Class). The mean rank for all Officer respondents was Captain; for all social work officers, it was Major.

Length of Army and ACS Experience.--The following table, 4, represents the length of service for active duty Army respondents. Also indicated is the number of ACS centers to which each respondent has been assigned as well as the length of present ACS assignment.

TABLE 4
RESPONDENTS' ARMY AND ACS EXPERIENCE
(Reported in Years)

Respondent Type	Number of Respondents	Length of Service		Number of ACS Centers Assigned		Length of Present ACS Assignment	
		Mean	Range	Mean	Range	Mean	Range
ACSO	10	8	19	1	..	1	3
ACSO-SWO	20	6	20	1	1	1	2
SWO	8	2	3	1	..	2	2
OO	4	1	3	1	..	1	..
ENL PER	16	10	28	1	2	1	2
CIV PER	16 ^a	..	..	1	..	2	4
Total	74	27	73	6	3	8	13

^aIncluded in this group were six civilians who were ACS Officers.

The greatest mean length of Army service for an individual respondent group was reported by Enlisted personnel--10 years, with a range of 28 years service. Although not reported in Table 5, the mean length of service for all Army respondents was six years, with a range of 28 years.

The mean number of centers to which each respondent group had been assigned was one. The greatest mean lengths of present ACS assignments were indicated by the social work officers and civilian personnel as two years, and civilian personnel reported a range of four years. Such assignment continuity is to be expected in that civilian personnel do not usually experience frequent reassignments or job changes as do Army personnel.

ACS Duty Positions.--Table 5 presents the duty positions occupied by the respondent groups.

TABLE 5
RESPONDENT GROUPS' ACS DUTY-POSITIONS

Respondent Type	Duty-Position ^a								TOTAL
				Chief SOC WRK SECT	ACS SOC WRK OFF	CIV SOC WRK ASST	ENL CASE AIDE	OTHER	
	ACSO	ASST ACSO	ACS COORD						
<u>Pro.^a</u>									
SWO	17	2	1	3	4	..	..	1	28
CIV	..	1	..	..	..	..	..	..	1
Total	17	3	1	3	4	..	..	1	29
<u>Subpro.^a</u>									
OO	7	3	..	..	..	..	..	1	11
EM	..	..	..	1	..	..	7	..	8
CIV	..	1	..	..	..	3	..	..	4
Total	7	4	..	1	..	3	7	1	23
<u>Nonpro.^a</u>									
OO	3	..	..	..	..	..	..	..	3
EM	..	..	3	..	..	..	2	3	8
CIV	5	..	1	..	..	2	..	3	11
Total	8	..	4	..	..	2	2	6	22

^aDefinitions for these classifications appear in Chapter IV, page 106 of this study.

The respondents were classified into professional, subprofessional, and nonprofessional according to the definitions formulated and presented in Chapter IV of this study. As indicated in Table 5, 17 of the 29 professional respondents occupied the position of ACS Officer. Twelve of the 22 nonprofessional respondents were ACS Officers or ACS Coordinators. The position of ACS Coordinator at some Army posts is comparable to that of ACS Officer, as specified in AR608-1.¹

Table 6 indicates the distribution of the eight classes of duty positions among professional, subprofessional, and nonprofessional respondents.

TABLE 6
PROFESSIONAL, SUBPROFESSIONAL, AND NONPROFESSIONAL
RESPONDENTS' ACS DUTY-POSITIONS

Respondent Type	Duty-Position								TOTAL
	ACSO	ASST ACSO	ACS COORD	CHIEF	ACS	CIV	ENL	OTHER	
				SOC WRK SECT	SOC WRK OFF	SOC WRK ASST	CASE AIDE		
Pro.	17	3	1	3	4	..	..	1	29 (39) ^a
Subpro.	7	4	..	1	..	3	7	1	23 (31)
Nonpro.	8	..	4	..	..	2	2	6	22 (30)
Total (No. of Respondents = 74)	32	7	5	4	4	5	9	8	74 (100)

^aPercentages are reported in parentheses.

¹United States Army Regulation No. 608-1. "Personal Affairs: Army Community Service Program." 6 July 1967, p. 3.

Twenty-nine (39%) of the respondents were professional, 23 (31%) subprofessional, and 22 (30%) were nonprofessional. Hence, there was almost an even distribution of professional, subprofessional, and nonprofessional respondents throughout the sample. A closer examination of the distribution among each of the duty positions reveals the following, however: 17 of the 32 ACS Officers were professional; four of the seven Assistant ACS Officers were subprofessional; and four of the five ACS Coordinators were nonprofessional.

Educational Experience.--All of the 29 professional respondents had completed two years of graduate school. (This is required for an individual to become a commissioned Army Social Work Officer.) One of the ACS Officers who was a social work officer had completed four years of graduate school and one had completed five years. One of the eight ACS Officers classified as subprofessional completed two years of graduate school. Among the eight nonprofessional ACS Officers, three completed high school only; five had some college. Of the eight Enlisted nonprofessionals, five completed high school only, while this was true for three of the nonprofessional Civilian staff members.

Degrees and Major Areas of Study.--The group of 29 professional respondents was comprised of the following: one civilian ACS Officer, 20 ACS Officers who were social work officers, and eight social work officers. While all professional respondents had earned their Masters degree in social work, only one ACS Officer-Social Work Officer and one social work officer earned Bachelors degrees in social welfare. At least half of all three groups, however, had Bachelors degrees in

sociology. Undergraduate education for all respondents was primarily in the social sciences.

Specific trends in areas studied as well as degrees earned were reported by the subprofessional respondents. For example, four of the eight subprofessional ACS Officers held Bachelor degrees in business or accounting, with one respondent having earned a Masters degree in finance. The remaining four respondents possessed Bachelor degrees in liberal arts subjects. Bachelor degrees in the social sciences were earned by seven of the eight Enlisted respondents, with five of these having majored in sociology. Only six of all the subprofessional respondents (23) majored in social welfare at the undergraduate level.

Social Work Experience.--Table 7 presents the amount of Army and civilian social work experience reported by the respondents. Forty-eight of the 74 respondents had a total of 257 years social work experience--182 years in the Army, 75 years in civilian life, with a mean years of experience of 128. As expected, the 29 professional respondents had the greatest mean years of experience--88. The 20 ACS Officers who were social work officers had the highest total years and mean years of experience--140 and 70, respectively.

A comparison of Table 7 with Table 5 (page 132) indicates that only 11 of the 23 subprofessional respondents had experience in social work. Also, Table 5 indicates that 45 (61%) of the staff members (again excluding Volunteers Coordinators/Directors) functioning within the ACS centers studied were other than professional. And, as indicated in Table 7, only 19 of these 45 reported they had experience in performing social welfare functions or providing social welfare services.

TABLE 7

RESPONDENTS' SOCIAL WORK EXPERIENCE^a
(Reported in Years)

Respondent Type	N	ARMY SOC WRK EXP	CIV SOC WRK EXP	TOTAL	MEAN
Pro.					
ACSO	1 ^b	12 ^c	..	12	6
ACSO-SWO	20	117	23	140	70
SWO	8	15	9	24	12
Total	29	144	32	176	88
Subpro.					
OO	1	(6 mos) ^d	..	(6 mos) ^d	..
ENL	7	8	2	10	5
CIV	3	1	1	2	1
Total	11	10	3	13	6
Nonpro.					
ENL	3	17	4	21	10
CIV	5	11	36	47	24
Total	8	28	40	68	34
Total	48	182	75	257	128

^aIn this study, social work experience included occupying a position connected with a social welfare function or actually performing social welfare functions and providing social welfare services.

^bRespondent was a civilian.

^cExperience was that reported prior to retirement from military service.

^dExperience reported as six months was credited as one year experience.

Other Employment Experiences.--Respondents without social work experience were asked to describe their prior work positions and experiences; Table 8 presents the experiences of 19 respondents¹ in case-study form.

¹Seven respondents failed to report data. They were as follows: one Assistant ACS Officer, three civilian ACS Officers, one civilian ACS Coordinator, one civilian Social Work Assistant, and one civilian assigned as Military Personnel Assistant.

TABLE 8

WORK POSITIONS OF ACS PERSONNEL WITHOUT SOCIAL WORK EXPERIENCE

ACS Staff Position	Rnak	Corps	Work Positions		
			Military	No. of Months	Civilian No. of Months
ACSO	WO-1	AG	Personnel Management	6	
ACSO	MAJ	WAC	Company Commander	24	Secretary
			Adjutant	39	Sugar Analyst
			Executive Officer, Company	12	
			Administrative Officer	27	
			Asst. Personnel Management Officer	12	
ACSO	LLT	..	Asst. Operations Officer	15	Clothing Salesman
ACSO	CPT	WAC	Platoon Officer, Tng. Company	12	
			Executive Officer, Company	18	
ACSO	LLT	INF	Platoon Leader & Executive Officer	12	
ACSO	2LT	QM	Officer Basic Course	2	Investments
			Defense Procurement Management Course	1	Banking
ACSO	LLT	ARMOR	Company Administrative Officer	9	Grocery Store Stock Clk & Checker

Table 8--Continued

ACS Staff Position	Rank	Corps	Work Positions				No. of Months	Civilian	No. of Months
			Military						
ACSO	MAJ	INF	Platoon Leader			12	Grocery Store Employee	48	
			Executive Officer			12			
			Company Commander			9			
			Infantry School Instructor			12			
			Battalion Advisor, Viet Nam			6			
ACSO	CPT	ARTIL	Intelligence Interpreter			36			
			Artillery Battery Commander			12			
			Special Security Officer			36			
			Artillery Staff Officer			12			
ACSO	MAJ		Post Intelligence Officer			12			
			Commanding Officer, Support Element			15			
			Artillery Battalion Advisor			8			
			Operations Officer			15			
			Unit Officer			48			
ACSO	CIV		Instructor			14			
			Company Commander			26			
			Adjutant			24			
			Inspector General			36			
			Information Officer			30			
Asst.ACSO	2LT	TRAN	None				Manager, Press Dept.	8	
Asst.ACSO	2LT	WAC	Platoon Officer			3	Printer	18	
							Dancing Instructor	108	

Table 8--Continued

ACS Staff Position	Rank	Corps	Work Positions			No. of Months	Civilian	No. of Months
			Military					
ACS COORD	S/SGT	TRAN	Tank Commander			36	Tire Repairman	60
			Truck Master			120	Automotive Helper	36
ACS COORD	S/SGT	AG	Truck Driver			36	Repairman	24
							Railroad Worker	
ACS COORD	S/SGT	AG	Installation Coordinator-German-			24	Security-Police Dept.	18
			American Liaison			24		
ACS COORD	SP/5	TRAN	AG Boards Division					
			Assistant Drill Instructor			8	Heavy Equip. Operator	18
			Transportation			12		
ACS, NCOIC	SFC	AG	STRAF NCOIC			17		
			Military Police			84	None	
ACS, NCOIC	SFC		Administration			96		
			Civil Affairs			14		
ENL CASE AIDE	SFC	AMEDS	Administrative Supervisor			120		
			Division Custodian, Classified			28	Student	36
			Documents			40		
			Photographer			36		
			Artillery Operations & Intelligence			25		
			Administrative Supervisor					

Army Regulation 608-1 states that "individuals with backgrounds of experience in the fields of social work, education, and personnel management are particularly suitable" for assignments to ACS Centers and should be allocated there when possible.¹ With this recommendation in mind, Table 8 reveals that 7 Army respondents had work experiences encompassing personnel management, administrative duties, and command responsibilities which pertain to ACS functions and services. At least six respondents had assignments and experiences entailing recruit training and other cadre responsibilities, combat-infantry, artillery, tank-field operations, military police functions, and transportation services--e.g., truck master and heavy equipment operator. Regarding civilian work positions, Table 8 indicates that one respondent had experience in banking and investments. Other experiences reported by the respondents consisted, in part, of the following: dancing instructor, sugar analyst, clothing salesman, department store clerk, and automotive repairman.

Types of Social Work Experiences.--Forty-eight respondents indicated they had experience in some or all of the social work methods, and these experiences are described in Table 9. The total years experience reported by all respondents was 257; the mean number of years was 5.35. The respondents had the most years experience with the casework method--155 years--and they had the least amount of experience in research--seven years.

¹United States Army Regulation No. 608-1. "Personal Affairs: Army Community Service Program," p. 4.

TABLE 9

PROFESSIONAL, SUBPROFESSIONAL, AND NONPROFESSIONAL RESPONDENTS' TYPES OF SOCIAL WORK EXPERIENCE
(Reported in Years)

Respondent Type	N	Social Work Method												Total
		Casework		Group Work		Comm. Organ.		Administra.		Research				
		Army	Civ.	Army	Civ.	Army	Civ.	Army	Civ.	Army	Civ.			
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total			
Pro.	29	80	19	6	5	23	4	30	3	5	1	5	1	176
Subpro.	11	8	2	..	1	1	..	1	..	..	..	..	..	13
Nonpro.	8	16	30	4	2	1	2	6	6	1	..	1	..	68
Total	48	104	51	10	8	25	6	37	9	6	1	6	1	257
		104+51=155		10+8=18		25+6=31		37+9=46		6+1=7				257
Mean		3.22		.38		.65		.96		.15				5.35

The respondents had 31 years experience in community organization and 46 years experience in administration, for a total in both methods of 77 years. Therefore, when compared with casework experience (155 years), the respondents practice orientation was strongly casework. Tables 10 and 11 further describe the social work experiences of each respondent group.

Performance of ACS Duties--Functions.--The respondents were asked how often they performed 13 specific ACS duties or functions listed in the questionnaire. They rated their performance as "never," "sometimes," or "often." For analysis purposes, a rating below or above 50% was considered significant, particularly when reported within the "never" or "often" categories.

Table 12 describes the professional respondents' ratings regarding their performance of these duties or functions. More than 50% of the ACS Officers who were social work officers indicated duties one through nine as performed often. Duty No. 2--manage ACS programs--was performed often by 90% (highest often rating) of the respondents. Only 15% (the lowest often rating) reported having performed duty 15--conduct ACS research--often. Duty No. 10--interpret welfare needs of the Army family to the civilian community--was reported by only 33% (the third lowest rating) of the ACS Officers-Social Work Officers as a function in which they engaged often. Sixty-seven per cent indicated they often performed a related function, i.e., coordinate on-post and off-post social service programs. The writer anticipated a higher percentage for these functions since they would appear to be primary responsibilities or services for ACS centers.

TABLE 10

PROFESSIONAL RESPONDENTS' TYPES OF SOCIAL WORK EXPERIENCE
(Reported in Years)

Respondent Type	N	Social Work Method											
		Casework			Group Work			Comm. Organ.			Administra.		
		Army Total	Civ. Total		Army Total	Civ. Total		Army Total	Civ. Total		Army Total	Civ. Total	Research Total
ACSO	1	2	..	1	..	3	..	3	..	3	..	..	12
ACSO-SWO	20	69	15	5	2	16	4	25	2	2	..	..	140
SWO	8	9	4	..	3	4	..	2	1	..	1	1	24
Total	29	80	19	6	5	23	4	30	3	5	1	1	176

TABLE 11

SUBPROFESSIONAL AND NONPROFESSIONAL RESPONDENTS' TYPES OF SOCIAL WORK EXPERIENCE
(Reported in Years)

Respondent Type	N	Social Work Method														
		Casework			Group Work			Comm. Organ.			Administra.			Research		
		Army		Civ.	Army		Civ.	Army		Civ.	Army		Civ.	Army		Civ.
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
<u>Subpro.</u>																
OO	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1
ENL	7	6	1	..	1	1	..	1	..	..	1	..	..	..	10
CIV	3	1	1	..	..	..	..	..	..	..	..	..	..	..	2
Total	11	8	2	..	1	1	..	1	..	..	1	..	..	..	13
<u>Nonpro.</u>																
ENL	3	7	..	4	1	1	2	1	2	1	4	1	1	..	21	
CIV	5	9	30	..	1	..	..	..	..	2	2	5	..	..	47
Total	8	16	30	4	2	1	2	1	2	6	6	6	1	..	68	
Total	19	24	32	4	4	2	2	2	2	7	6	6	1	..	81	

TABLE 12

PROFESSIONAL RESPONDENTS' DUTIES-FUNCTIONS:
FREQUENCY OF PERFORMANCE^a

Duty-Function	Respondent Type					
	ACSO-SWO N=21 ^b			SWO N=8		
	Never %	Some- times %	Often %	Never %	Some- times %	Often %
1. Plan ACS program(s)	..	14	86	..	50	50
2. Manage ACS program(s)	..	10	90	..	50	50
3. Coordinate off-post (civilian) social ser- vice program(s) with on-post programs	4	29	67	..	37	63
4. Coordinate installation social service pro- grams	..	43	57	24	38	38
5. Mobilize social services	..	50	50	12	38	50
6. Serve as a point of con- tact communication center for all instal- lation social services	..	33	67	..	12	88
7. Interpret ACS objectives	..	19	81	..	63	37
8. Devise & create new ser- vice program(s)	..	29	71	..	75	25
9. Identify unmet social problems or needs	..	33	67	..	63	37
10. Interpret welfare needs of Army family to the civ. community	10	57	33	..	88	12
11. Engage in and/or con- duct social action activity(ies)	19	57	24	50	50	..
12. Provide casework to Army personnel and their families	9	43	48	..	..	100
13. Conduct research related to your ACS center	14	71	15	25	75	..

^aDescribed in percentages.

^bIncluded was one ACS Officer who was a Civilian.

The strong casework method orientation indicated by the professional respondents in Table 10 (page 143) was again manifested in Table 12 where 91% of the respondents indicated they provided casework counseling either sometimes or often.

At least 50% of the social work officers performed the following duties often: (1) plan ACS programs; (2) manage ACS programs; (3) coordinate off-post (civilian) social service programs with on-post programs; (4) mobilize social services; and (5) serve as a point of contact-communication center for all post social services. Provide casework counseling--function 12--was performed often by 100% (highest often rating) of the social work officers. Fifty per cent of the respondents never performed or engaged in social action activities--function 12; this was the highest never rating. Only 12% (one of the three lowest often ratings) indicated they interpreted welfare needs of the Army family to the civilian community (function 10) often. Research was never conducted often by the social work officers.

Table 13 indicates the performance ratings of the subprofessional and nonprofessional respondents. More than 50% of the subprofessionals sometimes performed the following duties or functions: Numbers 2, 3, 5, 7, 8, 11, 13, and 9 (with No. 9--identify unmet social problems or needs--having the highest rating, i.e., 91%). Sixty-four per cent of the respondents (highest never rating) never performed function No. 4--coordinate post social service programs.

TABLE 13

**SUBPROFESSIONAL AND NONPROFESSIONAL RESPONDENTS' DUTIES-
FUNCTIONS: FREQUENCY OF PERFORMANCE^a**

Duty-Function	Respondent Type					
	Subpro. N=11 ^b			Nonpro. N=8 ^c		
	Never %	Some- times %	Often %	Never %	Some- times %	Often %
1. Plan ACS program(s)	45	36	19	..	63	37
2. Manage ACS program(s)	36	55	9	24	38	38
3. Coordinate off-post (civilian) social service program(s) with on-post programs	36	64	..	12	25	63
4. Coordinate installation social service programs	64	36	..	25	25	50
5. Mobilize social services	36	55	9	38	38	24
6. Serve as point of contact-communication center for all installation social services	9	45	36	25	..	75
7. Interpret ACS objectives	18	73	9	12	13	75
8. Devise and create new service program(s)	36	64	..	..	50	50
9. Identify unmet social problems or needs	9	91	..	25	25	50
10. Interpret welfare needs of Army family to civilian community	27	45	28	26	37	37
11. Engage in and/or conduct social action activity (ies)	36	55	9	25	50	25
12. Provide casework to Army personnel and their families	10	45	45	12	25	63
13. Conduct research related to your ACS center	45	55	..	13	50	37

^aDescribed in percentages.

^bThe respondent group was comprised of 1 other Army Officer, 7 Enlisted, and 3 Civilian personnel.

^cThe respondents included 3 Enlisted and 5 Civilian personnel.

As indicated by Table 13, the nonprofessional respondents performed all duties or functions often, with seven of them having been performed often by 50% or more of the respondents. Seventy-five per cent of the nonprofessionals (highest often ratings) carried out functions six and seven--serve as a point of contact-communication center . . . and interpret ACS objectives, respectively--often. Case-work counseling (function 12) was provided often by 63% of the nonprofessionals; only 12% indicated they never performed this function.

Other Military Duties.--Tables 14, 15, 16, and 17 (pp. 150-153) present other military duties (separate from ACS duties but carried out during normal duty hours) assigned to the respondents. The respondents indicated how often they were assigned these duties by utilizing rating categories¹ provided in the questionnaire. Reported in the tables are the types of extra duties assigned, the number of respondents assigned each duty, and the ratings for each duty. The writer assumed that the duties which were assigned and performed most frequently were those rated at the one (1) or two (2) level as well as those whose total ratings were at or above the mean rating.

The nature of additional duties assigned to and carried out by all the Army respondents and how often they were assigned can be summarized as follows. The ACS Officers who were social work officers gave

¹The rating categories were defined as follows: 1=at least once a week; 2=less than once a week but at least once a month; 3=less than once a month but at least once every two months; and 4=less than once every two months but at least once every three months.

the highest ratings to the following additional duties (listed in order of highest to lowest): (1) Staff Duty Officer, (2) Courts Martial, (3) Administrative or Special Boards, (4) Survivors Assistance Officer, and (5) Investigations. Although the total rating for the duty--Army Emergency Relief Officer was not at or above the mean rating, it was performed weekly by those Officers to whom it was assigned. The respondents rated these duties most often with a 3 or 4, rather than a 1 or 2 rating. The Social Work Officers (not ACS Officers) were assigned the same five additional duties, but how often they were assigned was rated differently. In highest to lowest rating order, they were: (1) Investigation, (2) Staff Duty Officer, (3) Courts Martial, (4) Administrative or Special Boards, and (5) Survivors Assistance Officer. The Social Work Officer also utilized the 4 rating category more than the categories of 1, 2, or 3. None of the respondents reported they had been assigned the duty of Army Emergency Relief Officer.

Hence, the additional duties of Army Emergency Relief Officer and Survivors Assistance Officer were assigned to the Social Work Officers-ACS Officers and the other Social Work Officers who were ACS staff members. As professional personnel, these respondents are particularly qualified to carry out these duties which require an understanding of and empathy for individuals during tragic or critical periods of their lives.

The additional duties rated at least twice above the mean (rating) by the ACS Officers who were not social work officers were as follows: (1) Staff Duty Officer, (2) Investigations, and (3) Inventories and Inspections.

ADDITIONAL MILITARY DUTIES PERFORMED BY ACS OFFICERS
WHO WERE SOCIAL WORK OFFICERS

Duties	No. of Officers Rating N=15 %	Ratings				Total Rating
		1	2	3	4	
1. Court Martial	53	1	4	6	12	23
2. Staff Duty Officer.	73	..	10	6	16	32
3. Administrative or Special Boards	33	..	2	3	12	17
4. AER Officer	33	5	..	..	..	5
5. Survivor Assistance Officer .	27	2	..	3	4	9
6. Investigations.	13	..	..	..	8	8
7. Inspections	13	..	..	6	..	6
8. Inventories	7	..	2	..	..	2
9. Report of Survey.	7	..	..	..	4	4
10. Army Relief Society Representation	7	..	2	..	..	2
11. Guest House Sundry Fund . . .	7	..	2	..	..	2
12. Character Guidance.	7	..	..	..	4	4
13. Chairman, Bond Drive.	7	..	..	..	4	4
14. Special Details	7	..	..	..	4	4
15. Installation Mess Property Book Officer.	7	..	..	..	4	4
16. Class VI Officer.	7	1	..	..	..	1
17. Assistant Adjutant.	7	1	..	..	..	1
Total.		10	22	24	72	128
Total Rating				128		
Mean Rating.				8		

TABLE 15

ADDITIONAL MILITARY DUTIES PERFORMED BY ACS OFFICERS
NOT SOCIAL WORK OFFICERS

Duties	No. of Officers Rating N=9 %	Ratings				Total Rating
		1	2	3	4	
1. Courts Martial.	11	..	..	3	..	3
2. Staff Duty Officer.	44	..	2	6	4	12
3. Administrative or Special Boards	11	..	2	..	..	2
4. AER Officer	11	1	..	..	..	1
5. Survivor Assistance Officer .	11	1	..	..	..	1
6. Investigations.	22	..	..	3	4	7
7. Inspections	44	1	2	3	..	6
8. Inventories	22	..	..	6	..	6
9. Report of Survey.	11	..	..	3	..	3
10. Dependent Schools Officer . .	22	1	2	..	..	3
11. Personnel Mgmt./Admin. . . .	22	2	..	..	..	2
12. Special Projects Officer. . .	22	..	4	..	..	4
13. WAC Coordinator	11	1	..	..	..	1
14. Secty./Custodian, OOM	11	1	..	..	..	1
15. Acting Custodian-NAF and Central Acctg. Office. . . .	11	..	..	..	4	4
16. Umpire Details.	11	..	..	3	..	3
17. Courtesy Patrol	11	..	2	..	..	2
18. Councils.	11	1	..	..	..	1
19. Paying Death Gratuities to Survivors.	11	1	..	..	..	1
20. NOK Notification.	11	1	..	..	..	1
21. Asst. Adjutant.	11	1	..	..	..	1
Total.		12	14	27	12	65
Total Rating				65		
Mean Rating.				3		

TABLE 16

ADDITIONAL MILITARY DUTIES PERFORMED BY ACS
SOCIAL WORK OFFICERS

Duties	No. of Officers Rating N=7 %	Ratings				Total Rating
		1	2	3	4	
1. Courts Martial.	43	..	2	..	8	10
2. Staff Duty Officer.	57	..	2	9	..	11
3. Admin. or Special Boards. . .	29	..	..	..	8	8
4. AER Officer	29	2	..	..	..	2
5. Survivor Assistance Officer .	43	2	..	..	4	6
6. Investigations.	43	..	..	..	12	12
7. AG On-Call Officer.	14	..	..	3	..	3
8. AG Identification Section Off.	14	1	..	..	..	1
9. Field Officer of Day.	14	..	..	..	4	4
Total.		5	4	12	36	57
Total Rating				57		
Mean Rating.				6		

TABLE 17

ADDITIONAL MILITARY DUTIES PERFORMED BY ACS ENLISTED PERSONNEL

Duties	No. of Officers Rating N=11 %	Ratings				Total Rating
		1	2	3	4	
1. Staff Duty NCO.	27	1	2	..	4	7
2. Charge of Quarters.	36	..	4	3	4	11
3. Company-Barracks Duties . . .	64	1	12	..	..	13
4. Company Training.	36	3	..	3	..	6
5. Guard Duty.	18	..	2	..	4	6
6. Kitchen Police.	36	..	6	3	..	9
7. Inspections	18	..	2	3	..	5
8. Extra Duty.	9	..	2	..	..	2
9. Parades and Formations. . . .	18	..	2	3	..	5
10. Admin. or Special Boards. . .	9	..	2	..	..	2
11. CBR NCO	9	1	..	..	..	1
12. Admin./Operational Control of AER and ID Section. . . .	9	1	..	..	..	1
Total		7	34	15	12	68
Total Rating.				68		
Mean Rating				6		

These respondents indicated a total rating of only 1 for how often they were assigned the duties of Survivors Assistance and Army Emergency Relief Officer. Additional duties assigned to Enlisted personnel (see Table 17, p. 153) were primarily company or barracks duties. The Enlisted respondents generally utilized the rating category of 2 to indicate how often they performed their additional duties. Hence, the Enlisted respondents were required to perform their additional duties more often than the other ACS staff members--ACS Officers who were Social Work Officers, ACS Officers, other ACS Social Work Officers--which would seem to absent them more often from their ACS duties or responsibilities.

The Directors/Coordinators of ACS
Volunteers

The following pages contain a narrative and tabular description of the Coordinators or Directors of Volunteers included in the study sample. The following areas related to the respondents will be described: (1) military status, (2) husband's rank, (3) educational experience, including degrees earned and major areas of study and (4) volunteer experiences in ACS. Also described are selected characteristics regarding volunteers and volunteer programs/services within the ACS centers whose Volunteer Directors participated in the study. As with the previous group of respondents described, the descriptive statistical measurements of high and low scores, range, mean, and percentage are utilized for analysis.

Seventy questionnaires, which represented 70 ACS centers, were sent to 70 Volunteer Coordinators or Directors--45 (64%) located in the United States and 25 (36%) located overseas. Thirty-three (47%) of the questionnaires were returned from the respondents--23 from the United States and 10 from overseas. Of these 33, however, only 24 were utilized¹ in the study since nine of them contained incomplete data or were not completed according to the instructions provided.

Military Status.--The respondents' military status was determined by their husbands' branch of military service. Eighteen Coordinators or Directors of Volunteers were wives of active duty Army Officers, while only four were wives of Army Enlisted men on active duty. One respondent was the wife of an active duty Officer from another military service, and one was classified as "other." Twenty-three Coordinators or Directors were classified as being on active duty status, and only one was classified as retired.

Rank Level of Volunteer Coordinators/Directors.--Table 18 presents the levels of rank held by the respondents. Wives of Field Grade Officers (Major and above) prevailed within the Officer category--16; only one was the wife of a Company Grade Officer (Captain and below). Within the Enlisted ranks, all Enlisted wives were from the upper level of Enlisted grades or ranks, i.e., E-6 and above.

¹The addition of 24 respondents changes the composition of the study sample. The complete sample totalled 98 and was comprised of the following: 30 professional (31%), 23 subprofessional (23%), and 45 nonprofessional (46%).

TABLE 18

LEVEL OF RANK OF VOLUNTEER COORDINATORS/DIRECTORS^a

Level of Rank	Number of Respondents	
	Active Duty	Per cent
1LT.	1	4
MAJ.	7	29
LTC.	5	21
COL.	4	18
E-6.	1	4
E-7.	2	8
E-8.	1	4
Other.	2	8
No data.	1	4
Total	24	100

^aLevel of rank determined by husband's rank.

Educational Experience.--Among the 24 volunteer respondents, 10 were college graduates. One had completed three years of college, and four had completed two years. Nine of the respondents only completed high school. Two of the respondents completed one year of graduate school, while one completed two years.

The academic degrees earned by the Volunteer Coordinators/Directors and their major areas of study are indicated in Table 19. The most degrees earned by the respondents in one area of academic study was three, in education.

TABLE 19

DEGREES HELD BY VOLUNTEER COORDINATORS/DIRECTORS AND
MAJOR AREAS OF ACADEMIC STUDY
N=24^a

Major Area of Study	Degree Held by Respondent		
	Bachelors	Masters	Total
Education	3	..	3
French.	1	..	1
Home Economics.	1	..	1
Journalism.	1	..	1
Nursing Education	1	..	1
Physical Welfare.	1	..	1
Sociology	1	..	1
Social Work	1	1	2
Total . . .	10	1	11

^aFourteen of the respondents did not earn college degrees.

Three respondents earned Bachelor's degrees in the social sciences, with only one having been earned in social work. Four of the Coordinators/Directors of Volunteers held Bachelor's degrees in the following four remaining areas: French, home economics, journalism, and physical welfare. One respondent had a Master's degree in social work.

Volunteer Experiences in ACS.--Seventeen of the Volunteer Coordinators or Directors had attended volunteer training courses and had completed 35 courses; seven had not attended training courses.

The 24 respondents indicated they had performed volunteer services at 35 ACS centers, with a mean of 1.46 centers per respondent. The range was from one to four centers.

Table 20 presents the duties performed by the Volunteer Coordinators/Directors.

TABLE 20
DUTIES OF COORDINATORS/DIRECTORS OF ACS VOLUNTEERS
(N=24)^a

Duties	No. Performing Duty ^b	Per cent ^b
1. Provide or deliver services to clients. . . .	5	21
2. Recruit; assist, arrange for and/or conduct volunteer training	13	54
3. Arrange and/or conduct orientations for new volunteers	5	21
4. Appoint committee chairman; organize committees	6	25
5. Supervise, coordinate, and/or direct volunteer projects, services, and committee chairmen	14	58
6. Evaluate volunteer projects and programs. . .	1	4
7. Arrange, conduct, and/or direct volunteer meetings	11	46
8. Liaison between volunteers and other ACS staff personnel.	5	21
9. Maintain list and brochures of other ACS centers.	1	4
10. Maintain records of volunteer hours, statistics, personnel records; prepare volunteer reports; present awards.	7	29
11. Member--ACS Council	5	20

^aThe 24 respondents were comprised of the following: 19 assigned to ACS centers in the United States, one of whom provided no data; five assigned to centers located overseas, two of whom provided no data.

^bIf summed both columns would total more than 24 and 100 respectively because each volunteer coordinator or director performed more than one of the duties listed.

The various duties reported by the respondents were classified by the writer into the 11 duties listed in Table 20. The duty performed by the largest number of respondents (14) was No. 5, that is, supervise, coordinate, and/or direct volunteer projects, services, and committee chairmen. The only other duty which was performed by more than half of the Coordinators/Directors was No. 2--recruit; assist, arrange for and/or conduct volunteer training. The duty carried out by the smallest number of respondents (1) was No. 9, i.e., maintain list and brochures of other ACS centers.

Volunteers and Volunteer Programs.--The Coordinators or Directors of Volunteers were asked to describe selected characteristics about their volunteers and the volunteer programs and services provided by their ACS centers. For example, the 24 respondents indicated that 1,118 volunteers were active in their ACS programs (centers). The mean number of active volunteers who performed services in each center was 47, and the range of volunteers at all centers was from 11 to 168.

Twenty ACS centers provided volunteer training courses, and three centers did not.¹ At 15 of the centers, volunteers were required to attend training courses while at eight centers they were not.²

Fifteen of the Coordinators or Directors of Volunteers indicated that the majority of their volunteers were wives of active duty Army Officers. Wives of active duty Army Enlisted men comprised the majority of volunteers at only five of the 24 ACS centers. At one center

¹For each of these areas, one respondent provided no data.

²Ibid.

the volunteers were primarily wives of Enlisted men from other military services; this data was not provided by three Volunteer Coordinators.

The educational level of the majority of ACS volunteers was described as follows: at eight centers the majority of the volunteers were high school graduates; at another eight centers the majority had attended college; at two centers the majority of their volunteers were college graduates; and at six centers the educational level of the majority of volunteers was not known.

Volunteer Committees and Services.--Table 21 indicates the 35 volunteer committees or services identified by the respondents as having been provided at their ACS centers. A total of 1,118 volunteers served on the committees. The committee or service having the highest number of volunteers was Welcoming with 151--15 of the respondents indicated their center had this committee-service while nine did not.

The committee or service provided most by the ACS centers was Publicity--22 of the centers had this service while only two did not. Other committees-services provided by more than 50% of the ACS centers were: (1) Emergency services, (2) Lending Closet, (3) Administrative services, (4) General Services, and (5) Waiting Wives.

Of the four volunteer committees-services which AR 608-1 suggests should be established at ACS centers, two--Intake and Handicapped Services--were provided by less than 50% of the centers which reported: Intake, six did provide it while 18 did not; Handicapped Services, 11 did provide it but 13 did not.

TABLE 21

VOLUNTEER COMMITTEES AND NUMBER OF VOLUNTEERS ASSIGNED TO COMMITTEES
AS REPORTED BY VOLUNTEER COORDINATORS/DIRECTORS
(Centers Reporting 24)

Committee-Service	Center has Comm/Ser.:		No. of Vols. Assigned	Mean	Range
	Yes %	No %			
1. Administrative Services . . .	59	41	128	10	2-26
2. Budget and Financial Counseling	4	96	5	5	..
3. Bus Tour.	4	96	5	5	..
4. Case Aide	4	96	6	6	..
5. Citizenship (Future Citizens)	8	92	10	5	3-7
6. Emergency Services ^a	86	14	134	7	1-40
7. Family Counselors	4	96	9	9	..
8. First Step Program.	4	96	20	20	..
9. Foreign Wives	10	90	6	3	2-4
10. General Services ^a	57	43	127	11	5-14
11. German Speaking	4	96	1	1	..
12. Handicapped Services ^a	48	52	88	9	1-31
13. Installation Brochure File. .	4	96	2	2	..
14. Intake ^a	26	74	77	13	2-36
15. Lending Closet.	86	14	77	4	1-20
16. Liaison	4	96	10	10	..
17. Newsletter.	4	96	4	4	..
18. Newsletter Mailing.	4	96	4	4	..
19. OB-Outpatient	4	96	4	4	..
20. Orientation	4	96	2	2	..
21. Personal Resources.	4	96	2	2	..
22. Pregnant Wives.	4	96	3	3	..
23. Publicity	90	10	63	3	1-10
24. Reception	4	96	10	10	..
25. Recruitment	9	91	4	2	1-3
26. Refreshment	32	68	46	7	1-18
27. Statistics.	13	87	29	10	2-20
28. Survivors Assistance.	4	96	9	9	..
29. Telephone	8	92	7	4	2-5
30. Training.	4	96	2	2	..
31. Typing.	4	96	10	10	..
32. Volunteer Roster.	8	92	3	2	1-2
33. Waiting Wives	52	48	70	6	1-40
34. Welcoming	64	36	151	11	2-36
Total.			1118		

^aAR 608-1 specifically suggests that these committees-services should be established at ACS centers.

Summary of Respondent Characteristics

Volunteer Coordinators/Directors.--Generalizations or inferences about ACS volunteers as drawn from the descriptive characteristics must necessarily be limited since only 24 of the 33 questionnaires returned were utilized. Therefore, the descriptive data and characteristics regarding volunteers and their services were representative of only 24 of the 70 centers to which questionnaires were sent. Geographically, 19 centers were located in the United States and five were overseas.

Four features stand out regarding the respondents, however. First, concerning their military status, they were generally wives of Army Officers (75%) and mostly (96%) all of their husbands were on active duty status. More than half (68%) were wives of Majors or above, and Enlisted wives' husbands all had ranks of E-6 and above.

Less than half (42%) of the Coordinators or Directors were college graduates. Those who graduated from college held Bachelor's degrees primarily in education and the social sciences.

The third feature is concerned with the respondents' experiences in ACS. In-service training courses for volunteers were heavily attended by the Coordinators or Directors. Nearly all the centers (21) provided training courses, and over half the centers (16) required volunteers to attend them. It was found that the Volunteer Coordinators/Directors functioned primarily in performing administrative and supervisory duties, and not in providing direct services to individuals seeking assistance from ACS centers.

As indicated by the respondents, the mean number of volunteers functioning within the ACS centers was 47. More than half (63%) of them were wives of Army Officers; wives of Enlisted men performed volunteer services less frequently.

Officer, Enlisted, and Other Civilian Respondents.--In

summarizing the characteristics of these respondents, comments will be directed at five areas; these are: (1) the types of personnel assigned to the ACS centers, (2) the amount of experience in ACS reported by the respondents, (3) the respondents' social work and other work experience as related to ACS, (4) work-tasks assigned to ACS personnel, and (5) the frequency with which other military duties were performed by respondents in addition to ACS duties or functions.

The reader will recall that the various types of personnel or manpower--professional, subprofessional, and nonprofessional--available in social welfare agencies were identified and described in Chapters I and III. Respondents to this study have included personnel of all these three types. Twenty-nine of the respondents were professional, 23 were subprofessional, and 22 were nonprofessional. Therefore, of the 74 respondents, 29 were professionals, and 45 were other than professional. These personnel represented the 50 ACS centers which participated in the study.

Concerning the amount of experience the respondents have had in ACS, all 74 indicated they had been assigned to an average of only

six ACS centers. The largest number of centers to which one respondent was assigned was two. The mean length of present ACS assignments for all respondents was eight years, and no respondent group averaged more than two years at their present ACS assignments. Hence, the respondents had a minimal number of years experience in ACS, but the writer speculates that this was because the ACS Program has been in operation for only some four and one half years.

The active duty Army respondents (58) reported a mean of 27 years Army service, with a total range of 73 years. The mean rank of Enlisted personnel assigned to the ACS centers was E-5, Specialist 5th Class or Sergeant. (This is the median rank within the total Enlisted rank system.) The fact that the mean rank for Officers assigned to the centers was Captain indicates a pattern on the part of the Army of designating senior Company grade Officers, i.e., Captains, for ACS center assignments; Field grade officers are occasionally being designated. This pattern seems to be especially true as far as the assignment of social work officers is concerned.

A mean of 88 years social work or social welfare experience was reported by the 29 professional respondents, while the eight nonprofessionals were second highest, with a mean of 34 years experience. The 11 subprofessional respondents had a mean of six years experience. The respondents without social work or social welfare experience reported past duties or civilian job experiences which consisted of recruit training, combat field operations, heavy equipment operator, dancing instructor, sugar analyst, and clothing salesman. The writer questions

such Army and civilian experiences or positions as sound bases for designating personnel to ACS center assignments.

The respondents reported that most years of social work experience were in or with the casework method; administration was second, and community organization third.

In describing specific duties or tasks performed by the respondent groups, the orientation of the professionals toward the casework method was strongly evidenced in terms of the large amount of time they reported spending in providing casework counseling to Army personnel and their families. A need for increasing the amount of time spent by them in functions related to improving and strengthening relationships between the ACS center and the civilian community seemed indicated. The frequency with which professional respondents engaged in research related to their ACS centers was at a low rate. Nonprofessional respondents were reported or described as performing tasks or functions which would appear incompatible to their training and experience. There would seem to be an over-reliance on nonprofessional personnel for the performance of certain ACS functions.

Army Community Service Officers who were social work officers and other ACS Social Work Officers were assigned additional duties at a rate which appeared to not interfere with time required for them to carry out their ACS duties or functions. ACS Officers who were not professionals were assigned their additional duties more often than professional ACS Officers. Additional duties assigned to Enlisted ACS personnel occurred at least once a month, and this indicated to the

writer the possibility that such duties could interfere with the respondents being able to meet fully their ACS responsibilities.

This chapter has described the characteristics of the respondents who comprised the study sample. The results of the analysis of data related to the major study questions are contained in the following chapters, with the next chapter presenting the analysis of responses to the nature and distribution of social welfare problems brought to ACS centers.

CHAPTER VI

SOCIAL WELFARE PROBLEMS AND SOCIAL WELFARE SERVICES

This chapter describes the analysis of data related to the following major study question: (1) What is the nature and distribution of social welfare problems brought to ACS centers? and (2) What social welfare services are provided by ACS centers? Of special interest, within the analysis, was to determine whether or not services provided by ACS centers corresponded with problems experienced by ACS client types.

Social Welfare Problems

As described in Chapter IV, 62 social welfare problems were listed in the questionnaires. The respondents were asked to rate how often eight designated client personnel types came to ACS centers seeking assistance (services) with each problem listed. The eight client types, however, were reduced to four by the writer as a result of his inspection of the first 20 questionnaires returned. This inspection revealed that of the 20 respondents only five rated retired Army personnel (Officers and Enlisted Men) and their dependents as having brought to ACS centers no more than five of the 62 problems listed; and these problems were brought only seldom or sometimes.

This reporting pattern generally remained constant in all the questionnaires returned. Hence, the client types included in the final analysis were: (1) active duty Army Officer, (2) Officer dependents, (3) active duty Army Enlisted Man, and (4) Enlisted Man dependents. For analysis purposes, individual respondents were classified into the following five respondent groups: ACS Officers, Social Work Officers, other Army officers, Civilian personnel and Enlisten Men, and Volunteer Coordinators or Directors.

Tables 22-26 (see Appendix III, pp. 293-316) present the ratings by the respondent groups on the social welfare problems experienced and brought to ACS centers most and least often by the four client types. Reported in the tables are ratings for each client type on each problem, total and mean rating on each problem, and the total mean rating or mean of oftenest for all problems reported by the respondent group. (Procedures utilized to obtain total and mean ratings are explained in notes to Table 22.) For purposes of textual discussion and in-depth analysis, the writer believed it impractical and unrealistic to consider all 62 problems. He, therefore, arbitrarily selected for such analysis the 10 problems which had the 10 highest mean ratings above the total mean rating.

ACS Officers' and Other Officers' Ratings.--Table 22 (pp.296-300) indicates the ratings on social welfare problems as reported by the ACS Officers. The total mean rating or mean of oftenest was 19.95. Twenty-five of the 62 problems had mean ratings which were greater than the mean of oftenest. The 10 problems which had the highest mean rating

or which were reported as experienced and brought most often to the ACS centers were as follows:¹ (1) loss or lack of household goods, (2) indebtedness, (3) lack of quarters on post, (4) lack of housing off post, (5) inadequate income, (6) poor buying practices, (7) relocation, (8) non-support, (9) separation due to husband's military assignment, and (10) lack of proper identification cards.

The ratings by the other Army Officers who were ACS center staff members are reported in Table 23 (pp.301-304). The mean of oftenest was 3.10, and 26 of the 62 social welfare problems had mean ratings greater than the mean of oftenest. Fourteen problems (five had similar mean ratings) were reported by the respondents as having been experienced and brought most often to the ACS centers. These were: (1) lack of quarters on post, (2) child-mental retardation, (3) loss or lack of household goods, (4) inadequate income, (5) lack of housing off post, (6) indebtedness, (7) relocation, (8) marital conflict, (9) separation due to husband's military assignment, (10) poor buying practice, (11) personality adjustment problem of child under 13, (12) child-slow learner, (13) parent-child conflict, and (14) separation due to marital conflict.

Civilian Personnel and Enlisted Men's Ratings.--Table 24

(pp.305-308) describes the ratings of the Civilian and Enlisted respondents. Twenty-one of the 62 problems had individual mean ratings greater than the mean of oftenest which was 10.38. These respondents reported the following ten problems as those which clients most often experienced and brought to the centers for assistance: (1) loss or lack of household goods, (2) indebtedness, (3) inadequate income, (4)

¹For this and the other respondent groups, the problems are listed in order of highest to lowest mean rating.

separation due to husband's military assignment, (5) poor buying practices, (6) lack of proper identification cards, (7) lack of housing off post, (8) relocation, (9) marital conflict, and (10) non-support.

Volunteer Coordinators/Directors' Ratings.--Table 25 (pp.309-12)

presents the ratings of Volunteer Coordinators or Directors and reveals that 28 problems (the most reported by any respondent group) had mean ratings greater than the mean of oftenest which was 9.15. Twelve problems (four had similar mean ratings) were reported as those which clients experienced and brought most to ACS centers, and these were as follows: (1) loss or lack of household goods, (2) lack of housing off post, (3) lack of quarters on post, (4) indebtedness, (5) relocation, (6) inadequate quarters, (7) child--mental retardation, (8) personality adjustment problem of child under 13, (9) personal adjustment problem of adolescent, (10) separation due to husband's military assignment, (11) lack of necessary transportation means, and (12) marital conflict.

It is significant to comment that nine (almost half) members of this respondent group were unable to answer or provide data on the questions about the 62 social welfare problems. The Volunteer Coordinators or Directors offered various explanations as to why they were unable to complete this part of the questionnaire. For example, one wrote:

In regards to rating problems experienced by our clients, we have personnel come through on these matters, but they are not handled in our office; they are referred to different departments (e.g., family housing, transportation office, Army hospital, etc.). But this is not done by an ACS volunteer; this is handled by qualified personnel attached to the office.

Another explained:

I cannot possibly complete the next five pages without going to our military staff for the answers which you request we not do.

And another described her inability to answer the questions (regarding who experienced the problems and brought them to the centers most often) in the following manner:

. . . I do not feel qualified to answer these questions. I work primarily with the ACS Coordinator and volunteers. Of course, numerous people come into the office with questions and for counseling. These personal matters are not discussed. I tried to answer these questions it would be merely guesswork.

In describing the purposes of an ACS volunteer corps, AR 608-1 states the following:

It is important to recognize that the requirement for an active ACS volunteer corps is not based solely on the need for manpower. Just as important to a successful program is the identification and appropriate channeling of the abilities and experience of the dependent volunteer who comes from the military community and possesses a "grassroots" understanding of the problems of others. [Underline by this writer] Individuals who serve as ACS volunteers form an important link between dependent members of the Army community and the military and official framework of ACS.¹

With this role description in mind and in view of the fact that almost half of the volunteer respondents were unable to describe the nature of problems experienced by ACS clients in addition to how often they sought out assistance for such problems, the writer questions how well the Volunteer Coordinators or Directors (who reported) understood the problems of others in the Army community. The writer speculates

¹Army Regulation No. 608-1: "Personal Affairs--Army Community Service Program," p. 14.

as to whether or not this could be a condition which existed in other ACS centers. He does not overlook the possibility, however, that the Volunteer Coordinators' unwillingness or inability to respond could have been attributed to their lack of knowledge regarding a precise count of the problems brought to the ACS centers.

Social Work Officers' Ratings.--The ratings of the Social Work Officers are presented in Table 26 (pp. 313-16). The mean of oftenest was 5.78. Twenty-six of the 62 social welfare problems had mean ratings which were greater. These respondents reported 13 problems (five had similar mean ratings) as those which clients experienced and brought most often to the centers, and these were: (1) loss or lack of household goods, (2) marital conflict, (3) indebtedness, (4) relocation, (5) separation due to husband's military assignment, (6) personality adjustment problem of an adolescent, (7) poor buying practices, (8) personality adjustment problem of child under age 13, (9) school adjustment problem in child or adolescent, (10) inadequate income, (11) lack of proper identification cards, (12) casualty-emergency, and (13) parent-child conflict.

Of special interest regarding the ratings of these respondents is that the Social Work Officers reported high ratings on five problems which are concerned with personal or individual conflicts or problems, i.e., problems numbered two, six, eight, nine, and 13 above. No other respondent group rated as many of such problems as highly. The writer speculates that such ratings were probably a function of their orientations as well as the role responsibilities assigned to and/or performed by the Social Work Officers.

Table 27 presents the consensus in ratings of the five respondent groups. The table indicates that the five respondent groups identified 21 of the 62 social welfare problems as having individual mean ratings greater than the mean of oftenest (for each respondent group).

The five respondent groups rated or indicated that active duty Army Enlisted Men or their dependents most often experienced and brought these 21 problems to ACS centers, while active duty Army Officers and their dependents were rated having least often experienced these problems. Such rating or consensus patterns were strongest for problems Nos. 1, 2, and 3 (see Table 27, p. 174). Enlisted Men and their dependents were reported as the client type who experienced the greatest number of the 62 problems listed, and Officers and their dependents were reported as the client type who experienced the least number of the 62 problems when the total ratings for the four client types on Tables 22-26 are compared with each other.

Returning to Table 27, four problems, Nos. 1, 2, and 3 were rated by all five respondent groups as problems whose mean ratings were among the ten highest. Problem No. 1--loss or lack of household goods--was rated the highest of all 62 problems by four of the five respondent groups. Hence, the writer concludes that among the 62 problems listed, the loss or lack of household goods was the number one problem experienced and brought to ACS centers for assistance, and this was most often by active duty Army Enlisted Men.

TABLE 27

PROBLEMS EXPERIENCED AND BROUGHT TO ACS CENTERS MOST AND LEAST
OFTEN BY CLIENT TYPES AS REPORTED BY FIVE RESPONDENT GROUPS

Social Welfare Problem	1 of 10 Rating	No. of Resp. Grps. Who Rated Problem:			
		Hi (for) Client		Lo (for) Client	
		Army EM AD	EM Deps.	Army Off. AD	Off. Deps.
1. Loss or lack of household goods	5	5	3	5	3
2. Relocation.	5	1	5	5	3
3. Separation due to husband's military assignment.	5	..	5	5	..
4. Indebtedness.	5	1	4	4	2
5. Inadequate income	4	1	3	4	1
6. Poor buying practices	4	3	1	4	..
7. Marital conflict.	4	2	2	4	1
8. Lack of housing off post. . . .	4	4	1	2	3
9. Lack of quarters on post. . . .	3	3	1	1	3
10. Lack of identification cards. .	3	..	3	2	1
11. Personality adjustment problem of child under 13.	3	..	3	3	1
12. Personality adjustment problem of adolescent.	2	1	2	2	..
13. Parent-child conflict	2	1	2	1	1
14. Child--mental retardation. . . .	2	1	2	2	..
15. Non-support	2	..	2	2	..
16. Casualty-emergency.	1	..	1	1	..
17. Inadequate quarters	1	1	1	1	..
18. School adjustment problem in child or adolescent.	1	..	1	1	..
19. Child--slow learner	1	..	1	1	..
20. Separation due to marital conflict	1	1	..	..	1
21. Lack of necessary transporta- tion means	1	..	1	1	..
Total.		25	44	51	20
Greatest Hi Client Rating: EM Dependents - 44					
Greatest Lo Client Rating: Army Officer, AD - 51					

Social Welfare Services

As stated in Chapter IV, ACS Officers who were and were not social work officers were asked to indicate whether or not their ACS centers provided each of the 83 social welfare services¹ listed in the questionnaire. Their choice of responses were: "yes," "no," or "no but should." From the analysis, the writer was interested in determining the following: (1) what services were provided the most and the least by the centers; (2) whether the services provided corresponded with the problems experienced most often by ACS client types; (3) whether or not there were significant differences in the numbers and types of services provided when the ACS Officer was or was not a professionally trained social worker; and (4) was there a consensus expressed by all respondents regarding services not provided by the centers but which should be.

The responses of 20 ACS Officers who were social work officers (representing 20 professionally directed centers) and 16 ACS Officers who were not (representing 16 non-professionally directed centers) are presented in Table 28 (see Appendix IV, pp.322-36). Both respondent groups identified 38 services which their centers were providing most (see "Total" column, Table 28). The mean number of services provided by all centers was 17.30. The 10 services provided by the greatest number of centers (or having the greatest number of "yes" replies above the mean) were the following: Numbers 10, 70, 24, 80, 7, 63, 12, 17, 11, and 66.

¹Subsequent to mailing the questionnaires, the writer discovered that he had listed two services twice in the questionnaire. As a result of eliminating these in the analysis, the services listed totalled 83.

Service No. 10--lending closet--was provided by the greatest number of ACS centers and corresponds with the social welfare problem reported as most often experienced by ACS clients, i.e., the loss or lack of household goods (see Table 27, p.174). Other services that corresponded with problems listed in Table 27 were as follows:

<u>Service</u>	<u>Problem</u>
24. Resource file and referral assistance regarding resources for physically handicapped	14. Child--mental retardation
17. Resource file and referral assistance regarding resources for mentally handicapped	
7. Relocation assistance and counseling	2. Relocation
63. Assistance to next of kin in casualty situations	16. Casualty--emergency
66. Emergency relief in case of fire, theft, disaster. . . .	
12. Casework counseling	7. Marital conflict
	11. Personality adjustment problems of children
	12. Personality adjustment problems of adolescents
	13. Parent-child conflict
	18. School adjustment problem in child or adolescent
	19. Family separation due to marital conflict

The respondent groups identified a total of 41 services as those which their centers provided least (see "Total" column, Table 28). The mean for services not provided by all centers was 14.69. The nine services¹ provided by the least number of centers (or having the greatest number of "no" replies above the mean) were the following: Nos. 74,

¹Only nine services were selected for more detailed analysis because including the tenth service would have expanded the number of services for such analysis significantly beyond 10.

16, 69, 26, 57, 62, 25, 58, and 60. The writer believes that these services would not specifically meet the needs of clients served by the reporting ACS centers in view of the nature of the problems most often brought to the centers.

The problems of indebtedness, inadequate income, poor buying practices, lack of housing off post, lack of quarters on post, and inadequate quarters were six of the 21 problems most often experienced by ACS clients. The following services: No. 1--financial assistance in the form of loans; No. 2--consumer buying counseling; and No. 3--credit counseling, which would seem to correspond directly with these problems, were not provided by the greatest number of centers. The same was true for services, No. 4--services related to post housing and No. 6--off post housing referral service, which would seem to respond to those problems associated with housing. Nonetheless, some centers did provide these services.

Reported Differences in Services Provided.--While there was general agreement by the two types of respondent groups on services provided most and least by their centers, Table 28 indicates disagreement or differences between the respondents on 13 services.

Of these services, the following were provided by more centers directed by a professional Social Work Officer than by those centers not directed by a Social Work Officer: treatment for children and teenagers with social problems as delinquency. . . .; group discussion meetings for parents of mentally retarded children; group discussion meetings for parents of handicapped children; parent-child counseling; child protective services; and homemaker services and assistance.

These services would seem to correspond with the problems listed in Table 27, p. 174 as follows:

<u>Service</u>	<u>Problem</u>
15. Treatment for children and teenagers with social problems as delinquency	11, 12. Childhood or adolescent adjustment
41. Parent-child counseling	13. Parent-child conflict
	18. School adjustment problem in children or adolescents
19. Group discussion meetings for parents of mentally retarded children	14. Child--mental retardation
29. Group discussion meetings for parents of handicapped children	19. Child--slow learner
42. Child protective services	20. Family separation due to marital conflict
59. Homemaker services and assistance	

It should be noted by the reader, however, that these services do not correspond or are not directly related--in terms of assistance provided--to the top 10 problems (as listed in Table 27) which were most often brought to the ACS centers by the client types.

The following seven services (from the 13 previously cited) were provided by more centers directed by Officers who were not Social Work Officers than by centers directed by a Social Work Officer: off post/installation housing referral service; central clearance office for departing personnel-families; educational guidance counseling; employment service; Army-life orientation courses . . .; services concerning nursing homes; and pre-retirement counseling.

These services would seem to correspond with the problems listed in Table 27 accordingly:

<u>Service</u>	<u>Problem</u>
6. Off post/installation housing referral service	9. Lack of quarters on post 8. Lack of housing off post
8. Central clearance office for departing personnel-families	2. Relocation 3. Family separation due to husband's military assignment
48. Army-life orientation courses	
33. Employment service	4. Indebtedness 5. Inadequate income

The reader should note that these services directly relate--in terms of assistance provided--to six of the top 10 problems reported most often brought to ACS centers for assistance by the client types.

Services not Provided which should be Provided.--Table 29

(appendix IV, pp. 327-29) indicates the number of respondents who identified specific services as those which should have been provided by their ACS centers. The mean for all respondents on such services was 11.80. The first 13 services¹ selected by the largest number of respondents (and this number being greater than the above mean) as services needed will be described in detail for purpose of analysis.

Seven of the 13 services were shown on Table 28, p. 322 as services which were provided less often by a smaller number of the ACS centers (as reported by the ACS Officer respondents). These services were: No. 47--friendly visiting for persons confined at home . . . ; No. 75--foreign wives groups and activities; No. 82--local self-help programs and neighborhood mobilization associations--social action groups; No. 83--training for volunteer leaders . . . ; No. 54--

¹More than 10 services were utilized because three services at the tenth level were selected by the same number of respondents.

education for family living; and service No. 8--central clearance office for departing personnel-families. These respondents, therefore, identified services (which should be provided) that were reported by the ACS Officers as lacking within their overall service programs.

The above seven services were compared with the 21 problems listed in Table 27, p. 174, with regards to how they corresponded with problems experienced most often by ACS client personnel. Service No. 47--friendly visiting for persons confined at home--which was identified by the greatest number of respondents as a service which should be provided would seem to have no direct relationship to any of the 21 problems in Table 27. The same could be said for service No. 75--foreign wives groups and activities--except it could correspond indirectly with problems No. 3--family separation due to husband's military assignment and No. 2--relocation. The writer is aware, however, of the possibility that the frequency of occurrence of a problem is not the only measure of its magnitude. The designation of services to be provided cannot be based solely on how often clients seek assistance with the problem from the agency.

It seems to the writer, however, that two of the "should-be-provided" services identified correspond more directly--in terms of assistance which could be provided to clients--with eight of the problems most often experienced, as indicated below:

<u>Service</u>	<u>Problem</u>
8. Central clearance office for departing personnel-families	2. Relocation
	3. Family separation due to husband's military assignment

54. Education for family living

- 7. Marital conflict
- 11. Personality adjustment problems of children
- 12. Personality adjustment problems of adolescents
- 13. Parent-child conflict
- 18. School adjustment problem in child or adolescent
- 20. Family separation due to marital conflict

Six of the 13 services which the respondents indicated should be provided were provided by most of the ACS centers, as indicated by Table 28. These services were: No. 48--Army life orientation courses . . .; No. 50--Post/installation and civilian community orientation sessions for newly-arrived dependents; No. 77--involve users of services in policy formulation and determination; No. 51--programs encouraging broader participation of residents in Army community agencies; No. 78--community planning for social services . . .; and No. 79--community councils for coordinating of services.

Referring to Table 27, services 48 and 50 would appear to correspond directly with two of the 21 problems experienced most often by ACS client personnel; these problems would be No. 2--relocation and No. 3--family separation due to husband's military assignment.

Services No. 82--local self-help programs . . . social action groups and No. 83--training for volunteer leaders . . . (cited previously) in addition to Nos. 51, 77, 78, and 79 described above would not appear to directly correspond with problems described in Table 27. And it was indicated in Table 28 that most of the centers had provided these services. Nonetheless, the fact that they were among the top 13 services identified (in Table 29) as needed and those which should have been

provided by ACS centers would seem to strongly indicate that they are services which should be basic components of all ACS programs.

Summary

Social Welfare Problems.--Three features stand out regarding social welfare problems experienced and brought to ACS centers by client personnel. First, the respondents identified 21 problems of the 62 listed as those which were experienced and brought most often to ACS centers for assistance by the clients. The loss or lack of household goods was identified as the number one problem, with problems associated with reassignment and relocation having been second. Active duty Enlisted Men and their dependents experienced all 21 problems most often and were the client personnel types who most often sought assistance from ACS centers with these problems.

Secondly, the Volunteer Coordinators or Directors as respondents were less informed than the other respondents as to the nature and distribution of social welfare problems brought to ACS centers for assistance. Almost half of them were unable to answer any questions related to this area.

And the third feature was that the Social Work Officers, as respondents, identified problems or conflicts which could be described as more personal, individual, or emotional in their nature (as contrasted with a problem like lack of quarters on post, for example) as problems most often experienced and brought to ACS centers by client personnel.

Social Welfare Services.--It was found that the services provided by the greater number of ACS centers generally corresponded with the problems brought most often to the ACS centers. This was particularly true for lending closet services (the short-term loan of household goods and small household equipment) which were provided by the greater number of centers. This service would directly relate--in terms of assistance provided--to the number one problem reported, i.e., loss or lack of household goods.

It was indicated that the centers were lacking in services related to the problems of indebtedness, poor buying practices, inadequate income, and inadequate or the lack of suitable housing.

The centers directed by ACS Officers who were Social Work Officers and by ACS Officers who were not, generally provided services which corresponded with the problems reported as most often brought to ACS centers for assistance. It was found, however, that the centers directed by ACS Officers who were not professional social work officers provided services which corresponded with the top 10 of the 21 problems reported most often experienced; centers directed by professional social work officers provided services which corresponded more often with the lowest 11 of the 21 problems reported.

In the following chapter, the results of the analysis of the respondents' attitudes regarding the delivery of specific social welfare services by professional, subprofessional, and nonprofessional personnel are presented.

CHAPTER VII

PREFERENCES CONCERNING THE UTILIZATION OF PERSONNEL IN SERVICE DELIVERY

In Chapter IV of this study, the types of personnel available for delivering or providing services in social welfare agencies and ACS centers were identified as follows: professional, subprofessional, and nonprofessional. Definitions of these service deliverers (as utilized in this study) were also presented in Chapter IV. In the questionnaire, the respondents were asked to indicate their preferences concerning the delivery or provision of each of the 83 listed social welfare services by these personnel. This chapter presents the results of the analysis of the respondents' preferences.

According to the definitions cited, the respondents were classified into three respondent groups, i.e., professional, subprofessional, and nonprofessional; for each service, they indicated their preferences for each of the three service deliverers by using the following: first choice, second choice, or not at all. Analysis was completed, however, on first choice and not at all preferences only. Percentages were computed to show what proportion of each respondent group selected professional, subprofessional, and nonprofessional as service deliverers or providers as preferences of first choice and not at all.

The writer's intent was to identify the extent of agreement reported by the respondent groups regarding their selection of personnel as first choice and not at all to provide or deliver each of the 83 services listed. Preferences reported by 50% or more of the respondent group members were interpreted by the writer as being indicative of strong agreement. For each of the services listed, the respondent groups indicated their preferences for degrees of professionalism among service deliverers in three possible ways: (1) a service deliverer (personnel type) selected as first choice and one selected as not at all; (2) a service deliverer selected as first choice, only; and (3) a service deliverer selected as not at all. Table 30 (see Appendix IV, pp.330-34) presents the preferences indicated by the three respondent groups.

Patterns or trends in preferences were evidenced by the respondent groups, as indicated in Table 30. For example, not one of the respondent groups was able to indicate preferences of both first choice and not at all on service deliverers for all of the services listed. The professional respondents failed to do this for 22 services; the subprofessionals, for 44 services; and the nonprofessionals, for 62 services.¹ All the respondent groups failed to make such preferences on the same 21 services.

¹This high figure was due to the fact that for each of the listed services the average number of nonprofessional respondents who failed to provide any data was four; and the average number who failed to provide data according to the instructions provided was nine respondents. Hence, data from 13 of the nonprofessional respondents were not utilized.

A second pattern was the lack of consensus strongly indicated by the respondent groups regarding the use of subprofessional personnel in providing social welfare services. The writer will comment more on this later in the chapter.

First Choice and Not At All Preferences.--More than 50% of the members of each respondent group agreed in identifying their first choice (among service deliverers) for 20 services; there was similar agreement on the personnel they would not select to deliver or provide these services.

For 12 of these services, nonprofessional service deliverers were specified as first choice and professional as not at all. And for eight services, professionals were preferred as first choice and nonprofessionals as not at all. Services 41, 45, and 52¹ had the highest percentage of agreement reported by each respondent group.

Among the 12 services for which nonprofessional personnel were selected as first choice to deliver were two services among the 10 identified (in Chapter VI) as having been provided by the greatest number of ACS centers. These services were--lending closet and emergency transportation. Hence, all three respondent groups selected nonprofessional personnel as their first choice for delivering two of the 10 services provided by the greatest number of ACS centers. None of the eight services for which professional personnel were selected as first choice to deliver was among the 10 services which were provided by the greatest number of ACS centers.

¹These services are named in Appendix IV,

In an effort to classify or collectively describe the services for which nonprofessional and professional service deliverers were selected as first choice, the writer recalled the description of social work activities offered by Barker and Briggs¹ (which was presented in Chapter III of this study). The reader will recall that these authors divided social work or social welfare activities into four different spheres: (1) need-fulfilling, (2) problem-solving, (3) conflict-resolution, and (4) system reconstitution.² Accordingly, in the judgment of this writer, most of the eight services for which professionals were selected as first choice could be classified within the activities of problem-solving, conflict-resolution, or system reconstitution. Such activities could have entailed one or more of the following service goals or objectives: providing information, the treatment of interrelationship problems, treatment of the individual person, or restoration of psycho-social functioning. And, in this writer's judgment, the services for which nonprofessional service deliverers were selected as first choice to provide encompassed the activities of need-fulfilling and problem solving. Such activities could have involved one or more of the following service objectives: the gathering of information, obtaining new resources, providing concrete social services, and engaging in preventative measure.

First Choice Preferences.--As indicated in Table 30, more than 50% of the professional respondents selected subprofessionals as their first choice to provide three services, namely: financial assistance

¹Barker and Briggs, Differential Use of Social Work Manpower.

²Ibid., pp. 232-34.

in the form of loans; assistance related to Veterans Administration benefits; and information and referral service, where a listing is kept of social service agencies and basic information about them for referral purposes. The reluctance or inability of the respondent groups to indicate preferences regarding the use of subprofessional service deliverers was manifested by the fact that less than 50% of the members of each respondent group failed to indicate preferences--either as first choice or not at all--for the use of subprofessionals to deliver any of the other 80 services. Such strong disagreement was not evidenced by the respondent groups in relation to the other service deliverers, i.e., professional and nonprofessional.

One of the three services cited above--information and referral service, where a listing is kept of social service agencies and basic information about them for referral purposes--was one of the 10 services provided by the greatest number of ACS centers (as indicated in Chapter VI). These three services, in the judgment of this writer, involved need-fulfilling and problem-solving activities.

Not At All Preferences.--As indicated in Table 30, p.330, more than 50% of the members of each respondent group agreed regarding not at all preferences (among service deliverers) for 24 services. The respondent groups indicated they would not select professionals to deliver 15 of the 24 services, and they would not select nonprofessionals for nine services.

Four of the above services--No. 7, relocation assistance and counseling for arriving and departing personnel and dependents; No. 12,

casework counseling; No. 66, emergency relief in case of fire, theft, disaster; and No. 70, referrals for services--were among those 10 provided by the greatest number of ACS centers (see Chapter VI). The three respondent groups agreed they would not select professional service deliverers to provide services 7 and 66; and they would not select nonprofessionals to provide service No. 12. Selection disagreement was evidenced regarding service No. 70. The subprofessional and nonprofessional respondent groups would not select professional service deliverers to provide this service; the professional respondents would not select nonprofessional service deliverers.

With regard to classifying the kinds of services for which service deliverers were not selected, the writer believes that the 15 services for which professionals were not selected involved need-filling and problem-solving activities. However, the nine services for which nonprofessional service deliverers were not selected entailed most often conflict-resolution and system reconstitution activities. The writer speculates that such activities could have had one or more of the following objectives: the resolution of personal conflicts, treatment of interrelationship problems, treatment of the individual person, or restoration of psycho-social functioning.

Table 30 reveals that more than 50% of the members from two of the three respondent groups agreed regarding their first choice for service deliverers on 10 of the 24 services previously cited. Two respondent groups selected professional service deliverers as their first choice to provide five of the 10 services, and nonprofessionals were selected as first choice to provide the remaining five services.

Except for service 78--community planning for social services to help initiate new services and eliminate superfluous ones--the services for which the professionals were selected as first choice involved (in the judgment of this writer) direct treatment, conflict resolution, and system reconstitution activities, whereas the nonprofessionals were selected again (as first choice) to provide services which seemed to have immediate need-fulfilling objectives.

Lack of Agreement on Preferences.--Table 30, p. 330, reveals that more than 50% of only one respondent group indicated a preference for service deliverers on eight of the 83 services. These services were: Nos. 2, 20, 21, 30, 31, 62, and 81. The agreement for all eight services was on service deliverers not selected. For service 84--adult volunteer training programs--less than 50% of any of the three respondent groups indicated any preference.

Summary

Three features stand out regarding the respondents' preferences or selections of professional, subprofessional, and nonprofessional personnel for delivering or providing social welfare services.

First, concerning first choice preferences, the three respondent groups selected professional service deliverers to provide eight of the 83 services listed in the questionnaire. Also, professionals were selected by two of the three respondent groups to provide five additional services. Hence, professional service deliverers were selected as first choice to provide 13 of the 83 services.

The three respondent groups selected nonprofessional service deliverers as their first choice to provide 12 services. Also, nonprofessionals were selected by two of the three respondent groups to provide 5 additional services. Hence, nonprofessional service deliverers were selected as first choice to provide 17 of the 83 services.

With regard to not at all preferences, the three respondent groups indicated they would not select (or not at all) professional service deliverers to provide 15 services, and they would not select nonprofessional service deliverers to provide nine of the 83 services listed.

While at least 50% of the members of each respondent group--professional, subprofessional, and nonprofessional--were able to agree on their service deliverer preferences for 54 services, they were unable to agree on preferences of both first choice and not at all for 29 services.

The second feature is related to the kinds of services for which professional and nonprofessional service deliverers were selected to provide or not provide. It was found that the respondent groups agreed and preferred that professional service deliverers provide services which were judged by the writer to encompass conflict resolution and system reconstitution activities. Such activities would have involved one or more of the following goals or objectives: (1) direct treatment of the individual for the resolution of personal problems or conflicts; (2) the treatment of interrelationship problems;

or (3) the restoration of psycho-social functioning. Nonprofessional service deliverers were not selected to provide such services.

However, the respondent groups indicated they preferred that nonprofessional service deliverers provide services which involved (in the judgment of this writer) need-fulfilling and problem-solving activities. Such activities would have entailed one or more of the following goals or objectives: (1) providing concrete social services; (2) gathering information about clients' problems and about other services; or (3) securing other available helping resources. Professional service deliverers were not selected to provide such services.

The third and last feature concerns preferences regarding the use of subprofessional service deliverers. It was found that only the professional respondent group selected the subprofessional as its first choice to provide only three of the 83 services contained in the questionnaire. More significant, however, was the finding that subprofessionals were selected by fewer than 50% of the respondent group members to either provide (as first choice) or not provide any of the remaining 80 social welfare services.

In this chapter, the writer has not discussed the implications of the findings with regard to personnel requirements--numbers as well as skill capabilities--and allocation in ACS. Nor has the writer compared the above personnel preference findings with data-findings related to the following areas: (1) the performance of ACS duties, as discussed in Chapter V, and (2) ACS staff responsibility for providing

social welfare services, to be discussed in Chapter VIII. These areas will be examined in detail in Chapter IX, the final chapter of this study.

The following chapter--Chapter VIII--presents the analysis of the ACS Officers' responses to the following remaining study questions: ACS staff responsibility for the provision of ACS social welfare services; client utilization of services provided by ACS centers; and the nature of contacts and interaction between ACS Officers and other Army and civilian community welfare resources.

CHAPTER VIII

STAFF RESPONSIBILITIES, UTILIZATION OF SERVICES, AND INTERACTION WITH OTHER RESOURCES REPORTED BY ACS OFFICERS

This final data chapter describes the data provided by ACS Officers in relation to the following study areas: (1) staff responsibilities for social welfare services provided by ACS centers, (2) client utilization of services provided by ACS centers, and (3) the nature of contacts and interaction between ACS Officers and other welfare agency resources.

Staff Responsibilities for Services Provided

In the questionnaire, ACS Officers who were social work officers and ACS Officers who were not were asked to identify which staff members--ACS Officer, Social Work Officer if he was not the ACS Officer, civilian social work assistant or Enlisted case aide, volunteer, and other Army Officer--were primarily responsible for providing each of the 83 listed social welfare services.¹ The writer was interested in determining the following: (1) who, among ACS staff members (in

¹In instances where the service was not provided by the ACS center, the ACS Officer indicated this on the questionnaire.

regard to position occupied and service deliverer status, i.e., professional, subprofessional, or nonprofessional), was primarily responsible for providing the greatest number of services; and (2) what staff members were primarily responsible for providing the 10 services which had the highest number (above the mean) of personnel assigned. To determine whether or not there were differences in the manner with which staff responsibilities were assigned by ACS Officers who were professional social workers and ACS Officers who were not, the writer compared the data provided by the two respondent groups.

Tables 31 and 32 (see Appendix V, pp. 336, 340) present the data. Only those services which were provided by more than half of the centers reporting (as represented by the ACS Officers) were analyzed. As indicated in the tables, the ACS Officers who were social work officers identified 40 such services, while the other ACS Officers identified 43.¹

The data revealed that ACS volunteers were primarily responsible for providing the greatest number of the 83 services listed in the questionnaire. This was true for centers directed by ACS Officers who were social work officers as well as for those centers not directed by such officers. All ACS Officer respondents identified the following services as those which were provided most by Volunteers:

1. Lending closet
2. Emergency transportation
3. Emergency-temporary child care

¹The writer would expect that a greater number of services would have been included if the number of respondents who failed to report any data or reported data not according to instructions had been fewer.

4. Waiting Wives Bulletin
5. Interpreters for language problems
6. Volunteer Newsletter
7. Baby-sitting service

In addition to these, the ACS Officer-Social Work Officer respondents identified two services--waiting-wives assistance . . . and welcoming services, and home visiting--for which volunteers were primarily responsible. Three additional services were selected also by ACS Officers not social work officers, namely--registering incoming-arriving personnel and families, waiting-wives programs or activities, and Army life orientation courses for junior Officer and junior Enlisted wives. Two of the services which volunteers most provided--lending closet and emergency transportation--were among the 10 services reported as provided by the greatest number of ACS centers (see Chapter VI).

The respondent groups identified as those services which ACS Officers provided most, the following:

1. Financial assistance in the form of loans
2. Assistance to next of kin in casualty situations
3. Counseling for widows and children of deceased servicemen
4. Community councils for coordinating of services. . . .
5. Adult volunteer training programs

Six additional services were identified by the ACS Officers-Social Work Officers; these were: casework counseling, marriage counseling, parent-child counseling, treatment for children and teenagers with social problems as delinquency . . . , and community planning for social services to help initiate new services and eliminate superfluous ones. The ACS Officers who were not social work officers reported they were primarily responsible for providing six other services which were not identified by the other respondents. These services included the

following: credit counseling, assistance related to Veterans Administration benefits, securing dependent ID cards, pre-retirement counseling, and involving users of services in policy formulation and determination. There was disagreement between the two respondent groups regarding their assignment of staff members for securing dependent ID cards. While the ACS Officers (not social work officers) themselves assumed primary responsibility for providing this service, the ACS Officers who were social work officers primarily utilized civilian social work assistants or Enlisted case aides for this service. Among the services most provided by ACS Officers, two--casework counseling and assistance to next of kin in casualty situations--were among the 10 services reported as provided by the greatest number of ACS centers.

The ACS Officers who were social work officers and those who were not identified six services as those which Social Work Officers (staff members) were primarily responsible for providing. They were:

1. Casework counseling
2. Resource file and referral assistance regarding resources for mentally handicapped
3. Marriage counseling
4. Parent-child counseling
5. Child protective services
6. Foster home finding and related counseling

Only one of the above services, however--casework counselling--was identified by both respondent groups. With regard to--resource file and referral assistance . . . for mentally handicapped--ACS Officers who were social work officers primarily utilized volunteers, while ACS Officers not social work officers allocated primary responsibility to both Social Work Officers and Volunteers. Two of the above services--

casework counseling, and resource file and referral assistance . . . for mentally handicapped--were among the 10 services reported in Chapter VI as those provided by the greatest number of ACS centers.

Both respondent groups indicated that civilian social work assistants or Enlisted case aides were primarily responsible for providing three services, namely--credit counseling, relocation assistance and counseling . . . , and information and referral service . . . for referral purposes. The last two services were among the 10 reported in Chapter VI as having been provided by the greatest number of ACS centers. The ACS Officers who were social work officers reported an additional six services, the provision of which was the primary responsibility of civilian social work assistants or Enlisted case aides. These services were:

1. Financial assistance in the form of loans
2. Resource file and referral assistance . . . for mentally handicapped
3. Resource file and referral assistance . . . for physically handicapped
4. Securing dependent ID cards
5. Emergency relief in case of fire, theft, disaster . . .
6. Referrals for services

As reported earlier in this chapter, the ACS Officer-Social Work Officer respondents also had primary responsibility for providing the first service listed above.

Four of the six services listed above--referrals for services, resource file and referral assistance . . . for mentally handicapped and for physically handicapped, and emergency relief in case of fire, theft, disaster . . .--were among the 10 most provided by the reporting ACS centers.

Client Utilization of Services
Provided by ACS Centers

For each of the 83 services listed in the questionnaire, the ACS Officers were asked to identify the Army client type--active duty Officer, Officer dependents, active duty Enlisted Man, or Enlisted Man dependents--which used it the most. If the service was not provided by the ACS center, this was indicated on the questionnaire.

The writer's objectives were three: (1) to identify which client type most utilized services provided by the ACS centers (involved in the study); (2) to identify, when possible, the 10 services reportedly most used by each client type;¹ and (3) to determine if the services most utilized by each client type corresponded with the problem most often experienced² by the client types. Table 33 (see Appendix V, pp. 343-45) presents the results of the analysis; to fulfill the third objective, the findings reported in Table 33 were compared with those contained in Tables 22-25 (see Appendix III, pp.293-316).

As indicated in Table 33, Enlisted Men dependents were the client type who most utilized services provided by the ACS centers.

The ACS Officers identified the one service most utilized by active duty Officer clients as the following--participation in community

¹For active duty Officer, only the one service reportedly most often used was identified; for Officer dependents, only eight services were identified. The services selected as most often used were those 10 whose numerical values were highest above the mean for each client type.

²Problems judged by the writer as most often experienced were those whose total ratings (of occurrence) were greater than the mean rating for each client type.

councils for coordinating services available and providing information through publicity about these services; providing an opportunity for representatives of the agencies delivering services to get together and discuss mutual problems.

According to the respondents, the dependents of active duty Army Officers utilized eight services¹ the most:

1. Baby-sitting service where a reference file . . . is maintained and sitting is also provided
2. Waiting-wives programs or activities
3. Adult volunteer training programs
4. Volunteer Newsletter
5. Waiting-wives assistance (e.g., home maintenance class)
6. Waiting Wives Bulletin
7. Army-life orientation courses for junior Officer wives
8. Adoption counseling and arrangements

It is the writer's judgment that the following most utilized services would correspond (in terms of assistance provided) with the following social welfare problems:

<u>Service</u>	<u>Problem</u>
1. Baby-sitting service where a reference file . . . is maintained and sitting is also provided	40. Problems related to lack of substitute care for children
	41. Problems related to lack of day care facilities for children of working mothers.
2. Waiting-wives programs or activities	34. Separation due to husband's military assignment
5. Waiting-wives assistance (e.g., home maintenance class, auto maintenance class, etc.)	
6. Waiting Wives Bulletin	
7. Army-life orientation courses for junior Officer and junior Enlisted wives	8. Relocation

¹The services are listed in the order of most to least utilized.

- | | |
|-------------------------------------|--------------------------------|
| 8. Adoption counseling arrangements | 15. Unmarried parenthood |
| | 36. Inability to have children |

The ratings reported by the five respondent groups--ACS Officers, other Officers, Civil Service employees--Enlisted Men, Volunteer Coordinators/Directors, and Social Work Officers--on the six problems were as follows. Only two of the five respondent groups--Volunteer Coordinators/Directors and Social Work Officers--reported problem No. 40 as having been most often experienced by Army Officer dependents. Problem No. 41 was not reported or rated by any of the respondent groups.

All respondent groups reported that problem No. 34 was experienced most often by Army Officer dependents. Problem No. 8 was rated similarly by all but one of the respondent groups, namely--other Officers.

However, none of the respondent groups reported problems 15 and 36 as having been most often experienced by dependents of Army Officers.

In summary, services utilized the most by the dependents of Army Officers did not completely correspond with the problems reported as most often experienced by such clients. Only two of the six problems were reported by more than half of the respondent groups as having corresponded with the six services.

The ACS Officers indicated that active duty Enlisted Men most utilized 12 of the 83 listed services; these were:

1. Financial assistance in the form of loans
2. Services related to post/installation housing
3. Lending closet
4. Credit counseling
5. Registering of incoming-arriving personnel and families

6. Relocation assistance and counseling . . .
7. Temporary housing for transients, new arrivals, etc.
8. Central clearance office for departing personnel-families
9. Consumer-buying counseling
10. Off post/installation housing referral service
11. Emergency transportation
12. Casework counseling

The writer judged that these services would correspond with the following social welfare problems:

<u>Service</u>	<u>Problem</u>
1. Financial assistance in the form of loans	1. Non-support
4. Credit counseling	2. Indebtedness
9. Consumer-buying counseling	3. Inadequate income
	4. Poor buying practices
2. Services related to post/installation housing	5. Lack of quarters on post
7. Arrange temporary housing for transients, new arrivals, etc.	6. Lack of housing off post
10. Off post/installation housing referral service	7. Inadequate quarters
3. Lending closet	8. Relocation
5. Registering of incoming-arriving personnel and families	9. Loss or lack of household goods
6. Relocation assistance and counseling for arriving and departing personnel and dependents	
8. Central clearance office for departing personnel-families	
11. Emergency transportation	10. Lack of necessary transportation means
	50. Casualty-emergency
12. Casework counseling	11. Personality adjustment problem of child under 13
	12. Personality adjustment problem of an adolescent
	13. School adjustment problem in child or adolescent
	14. Parent-child conflict
	30. Marital conflict
	44. Family breakdown
	51. Individual personality adjustment problem of an adult

For problems 1-4, ACS Officer and Civil Service Employee/Enlisted Men respondents reported all had been experienced most often by Enlisted Men. Problems 2, 3, and 4 were reported by other Officers, Volunteer Coordinators, and Social Work Officers as those which were experienced most often.

All respondent groups reported that problems 5, 6, and 7 were experienced most often by Enlisted Men. This was also true for the following problems--Nos. 8, 9, 10, and 50.

Some disagreement was reported, however, among the problems which correspond with the service of casework counseling. Only one respondent group--Social Work Officers--reported that Enlisted Men most often experienced all of the following problems--Nos. 11, 12, 13, 14, 30, 44, and 51. The Volunteer Coordinators reported all except problem 51 were experienced most often. Army Community Service Officers identified problems 13, 14, 30, and 44 as those most often experienced, while other Officer respondents identified only Nos. 14 and 30.

Most significant, in the writer's judgment, however, was the ratings of the Civil Service employee/Enlisted Men respondents. They reported only two of the seven problems as having been most often experienced by Enlisted Men; these were--personality adjustment problem of child under 13 and marital conflict.

In summary, therefore, services utilized the most by active duty Army Enlisted Men (clients) did correspond almost completely with the problems reported as most often experienced by such clients.

According to the ACS Officers (respondents), the 10 services utilized the most by dependents of Enlisted Men included the following:

1. Assistance to next of kin in casualty situations
2. Referrals for services
3. Resource file and referral assistance . . . for mentally handicapped
4. Information and referral service . . . for referral purposes
5. Emergency-temporary child care
6. Resource file and referral assistance for . . . physically handicapped
7. Counseling for widows and children of deceased servicemen
8. Interpreters for language problems
9. Securing dependent ID cards
10. Emergency relief in case of fire, theft, disaster . . .

It is the writer's judgment that the following most utilized services would correspond (in terms of assistance provided) with the following social welfare problems:

<u>Service</u>	<u>Problem</u>
1. Assistance to next of kin in casualty situations	50. Casualty-emergency
7. Counseling for widows and children of deceased servicemen	
10. Emergency relief in case of fire, theft, disaster; relief may be emergency clothing, housing, transportation, food, etc.	
3. Resource file and referral assistance regarding resources for mentally handicapped	19. Adult--mental retardation 20. Child--mental retardation 21. Child--slow learner
5. Emergency-temporary child care	40. Problems related to lack of substitute care for children 41. Problems related to lack of day care facilities for children of working mothers 50. Casualty-emergency
6. Resource file and referral assistance regarding resources for physically handicapped	23. Adult--hearing defect 24. Child--hearing defect 25. Adult--speech defect 26. Child--speech defect 27. Adult--disability 28. Child--disability

<u>Subject</u>	<u>Problem</u>
8. Interpreters for language problems	56. Language problems
9. Securing dependent ID cards	46. Lack of ID cards

The ratings reported by the five respondent groups on the 15 problems were as follows. All but one respondent group--other Officers--reported that casualty-emergency problems were experienced most often by Enlisted Men dependents. Some disagreement, however, was revealed by the respondents with regard to problems 19, 20, and 21. The ACS Officers, Civil Service employees/Enlisted Men, and Social Work Officers reported only problem No. 20 as having been experienced most often by the clients. The other Officers and Volunteer Coordinators reported both problems 20 and 21 as those experienced most often. None of the respondents reported problem 19--adult, mental retardation--as having been experienced most often by dependents of Enlisted Men.

Concerning problems 40, 41, and 50, only the Volunteer Coordinators reported No. 40 (problems related to lack of substitute care for children) as having been experienced most; none of the respondents reported on No. 41. However, four of the five groups (other Officers did not report) revealed that problem 50--casualty-emergency--was experienced most often by Enlisted Men dependents.

A considerable lack of correspondence between service No. 6 and problems 23-28 was indicated by the respondent groups. None of them reported problems 23, 25, and 27 as those which the dependents most often experienced. Only one respondent group--other Officers--identified problem 28 (child disability) as a most often experienced

problem. And problems 24 (child--hearing defect) and 26 (child--speech defect) were reported as such by only one group, i.e., Volunteer Coordinators.

Greater agreement was reported for problems 56 and 46, however. Three respondent groups, namely--ACS Officers, Civil Service employees/Enlisted Men, and Volunteer Coordinators, reported No. 56 as having been experienced most often by Enlisted Men dependents. Four of the five groups (other Officers did not report) reported the same for problem 56--lack of ID cards.

In summary, it is the writer's judgment that services utilized the most by active duty Enlisted Men dependents (clients) did correspond with the problems reported as most often experienced by such clients. By comparison, however, the amount of correspondence was not as great as it was with active duty Enlisted Men.

Contacts/Interaction between ACS Officers and Other Welfare Agencies

In this study, a community welfare agency was defined as--a helping resource which through its functioning or services contributes directly or indirectly to the health and welfare of the individual or the society/community of which he is a member. These resources could be of two types--Army and civilian.

The questionnaire contained lists of 20 Army community welfare resources and 41 civilian resources. For each resource listed, the ACS Officer respondents were asked to report: (1) whether or not the resource was available to them and their clients (for assistance); (2) if they had contacts with the resource, to describe the nature of these

contacts;¹ and (3) if assistance was provided by the resource, to assess the adequacy of such assistance.² Tables 34-37 present the data to these questions, as reported by the respondents.

Analysis was directed at the following objectives: (1) to identify and describe the resources with which the respondents had contacts; (2) to delineate, when possible, the five resources with which the respondents had the greatest number of contacts or with which they interacted the most; and (3) to describe the types of contacts reported most and least. Contacts or interaction with other helping resources by ACS Officers who were social work officers were compared with contacts reported by ACS Officers who were not social work officers.

Contacts/Interaction with Other Army Helping Resources.--As indicated in Table 34, the ACS Officers who were social work officers identified 27 Army helping resources with which they had contacts. The five resources with which the respondents had the greatest number of contacts were the following:³ (1) American Red Cross,⁴ (2) Mental Hygiene Consultation Service, (3) Army hospital Social Work Service, (4) Army Health Nurse, and (5) Army Chaplains. American Red Cross

¹See Note, Table 34, for explanation of the way respondents described contacts.

²Respondents assessed the adequacy of assistance provided by rating it as one of the following: not helpful, helpful, or very helpful.

³Resources are listed in the order of most to least number of contacts.

⁴The American Red Cross is not a part of the United States Army. However, since many Red Cross offices are located on Army posts or installations, the writer classified it as an Army community helping resource.

was the agency or resource with which the greatest number of contacts was had. The respondents interacted most with these resources by means of both informal and case planning contacts. The manner of interaction least utilized with the five resources was contact through staff meetings.

Table 35 reveals that the ACS Officers (not social work officers) identified 18 Army helping resources with which they interacted. The respondents had the most contacts with the following resources: (1) American Red Cross, (2) Army Health Nurse, (3) Army Emergency Relief, and (4) Army Chaplains. Again, American Red Cross was the helping resource with which the respondents had the greatest number of contacts. The mode of interaction most often utilized by the respondents with these resources was informal contacts; the least utilized was contact through staff meetings.

Both respondent groups rated the adequacy of assistance provided (to ACS staff members and client personnel) by the preceding helpful resources or agencies as follows:

American Red Cross--

27	respondents	reported	assistance	was	very	helpful;
5	"	"	"	"	"	helpful;
3	"	"	"	"	"	not helpful

Mental Hygiene Consultation Service--

13	respondents	reported	assistance	was	very	helpful;
13	"	"	"	"	"	helpful;
2	"	"	"	"	"	not helpful. ¹

¹Here, and in following similar sections, the number of respondents may not total 35 because some respondents reported that the cited resource was not available.

TABLE 34

CONTACTS-INTERACTION WITH OTHER ARMY HELPING RESOURCES
AS REPORTED BY ACS OFFICERS-SOCIAL WORK OFFICERS
(N=20)

Helping Resources	Types of Contacts ^a							Comm. Member		Comm. Officer	
	F	I	S	P	CP	O	Total	Yes	No	Yes	No
United States											
1. Army hospital, including clinics and services.	2	4	1	2	2	..	11	..	11	..	11
2. Social work service of Army hospital. .	3	5	2	4	5	..	19	1	18	..	19
3. Mental Hygiene Consultation Service . .	4	7	..	3	7	..	21	1	20	1	20
4. Army Health Nurse	3	6	1	2	7	..	19	1	18	1	18
5. Chaplains	1	5	..	3	4	..	13	1	12	..	13
6. American Red Cross.	5	12	1	6	12	..	36	..	36	..	36
7. Army Emergency Relief . . . . .	..	2	..	2	3	..	7	..	7	..	7
8. Provost Marshall-Military Police. . . .	2	2	..	1	2	..	7	..	7	..	7
9. Finance Office.	2	2	..	1	1	..	6	..	6	..	6
10. Judge Advocate General-Legal Assistance	3	5	..	2	2	..	12	..	12	..	12
11. Inspector General	2	3	..	..	2	..	7	..	7	..	7
12. Family housing.	1	1	..	1	1	..	4	..	4	..	4
13. Personnel Office. . . . .	..	2	..	..	2	..	4	..	4	..	4
14. Dependents' public schools.	1	2	..	1	2	..	6	1	5	1	5
15. Youth association, activity, club, or organization . . . . .	..	3	..	1	1	1	6	..	6	..	6
16. Infant-child protection council	1	1	..	1	1	..	4	..	4	..	4

TABLE 34--Continued

Helping Resources	Types of Contacts ^a							Comm. Member		Comm. Officer	
	F	I	S	P	CP	O	Total	Yes	No	Yes	No
17. Social services inter-agency council. . .	1	1	..	1	1	..	4	1	3	1	3
18. Joint military social services comm... .	1	..	..	..	..	..	1	1	..	..	1
19. Other ACS centers . . . . .	..	1	..	..	1	..	2	..	2	..	2
20. Guest House fund.	1	..	..	1	..	..	2	1	1	1	1
21. TOPS Club . . . . .	..	1	..	..	..	..	1	..	1	..	1
Overseas											
22. Armed Forces Retarded Children's Assoc. . .	..	1	1	..	..	..	2	..	2	..	2
23. Council of professional effort.	1	..	..	..	..	..	1	1	..	..	1
24. Community Guidance Council.	1	..	..	..	..	..	1	1	..	1	..
25. Area Coordinating Council	1	..	..	1	1	..	3	1	2	..	3
26. American Consulate. . . . .	..	1	..	1	1	..	3	..	3	..	3
27. Character Guidance Council.	1	..	..	1	..	..	2	1	1	..	2
Total.	37	67	6	35	58	1	204	12	6		
Mean Contacts by all Respondents	7.63										

^aFor Tables 34-37, the types of contacts-interaction were defined and abbreviated as follows:

- F--Formal: scheduled meetings, conferences, etc.
- I--Informal: telephone contacts; brief, unscheduled personal contacts
- S--Staff: attend other agency's staff meeting or other agency member attends your staff meeting
- P--Policy: meet with other agency, or other agency personnel meet with you on policy review or planning
- CP--Case Planning: contacts about agency-shared case(s)
- O--Other

Figures reported indicate only the types and numbers of contacts reported by respondents; they do not indicate the number of respondents who reported such contacts.

TABLE 35
CONTACTS-INTERACTION WITH OTHER ARMY HELPING RESOURCES
AS REPORTED BY ACS OFFICERS^a
(N=156)

Helping Resources													
United States	Types of Contacts							Comm. Member		Comm. Officer			
	F	I	S	P	CP	O	Total	Yes	No	Yes	No		
1. Social work service of local Army hospital.													
2. Mental Hygiene Consultation Service													
3. Army Health Nurse													
4. Chaplains													
5. American Red Cross.													
6. Army Relief Society													
7. Army Emergency Relief													
8. Navy Relief Society													
9. Provost Marshall-Military Police.													
10. Judge Advocate General-Legal Assistance													
11. Youth association, activity, club, or organization.													
12. Social Service Inter-agency Council													
13. Character Guidance Council.													
Overseas													
14. Local Army hospital or clinics.													
15. Other ACS centers													
16. American Consulate.													

TABLE 35--Continued

Helping Resources	Types of Contacts							Comm. Member		Comm. Officer	
	F	I	S	P	CP	O	Total	Yes	No	Yes	No
17. NCO Wives Club. . . . .	..	..	..	..	..	1	1	..	1	..	1
18. Officers' Wives Club. . . . .	..	..	..	..	..	1	1	..	1	..	1
Total.	16	26	8	13	18	4	85	14			6
Mean Contacts by all Respondents	4.72										

^aIn Tables 35 and 37, ACS Officers were not social work officers.
^bIn Tables 35 and 37, one of the 16 respondents did not report any data on all questions.

Army hospital Social Work Service--

14 respondents reported assistance was very helpful;
 6 " " " " helpful;
 2 " " " " not helpful.

Army Health Nurse--

21 respondents reported assistance was very helpful;
 9 " " " " helpful;
 2 " " " " not helpful.

Army Emergency Relief--

31 respondents reported assistance was very helpful;
 2 " " " " helpful;
 2 " " " " not helpful.

Army Chaplains--

25 respondents reported assistance was very helpful;
 9 " " " " helpful;
 1 respondent " " " " not helpful.

Hence, of the six helping resources, Army Emergency Relief was, in this writer's judgment, rated the most helpful in terms of assistance provided to ACS staff members and their clients.

Committee membership as well as serving as an officer of a committee of another agency or resource were judged by the writer as other ways of describing the respondents' contacts or interaction with other Army community helping resources. Accordingly, the data indicated that 60% of the ACS Officers-Social Work Officers were members of other resource committees; 30% were committee officers. However, 93% of the ACS Officer respondents (not social work officers) were members of other resource committees, and 40% were committee officers.

Contacts-Interaction with other Civilian Helping Resources.--

The contacts or interaction with civilian helping resources as reported by ACS Officer-Social Work Officer respondents are presented in Table 36. Thirty-seven resources were identified by the respondents.

TABLE 36

CONTACTS-INTERACTION WITH OTHER CIVILIAN HELPING RESOURCES
AS REPORTED BY ACS OFFICERS-SOCIAL WORK OFFICERS
(N=20)

Helping Resources	Types of Contacts							Comm. Member		Comm. Officer	
	F	I	S	P	CP	O	Total	Yes	No	Yes	No
United States											
1. Public Welfare agency	4	10	1	3	10	..	28	..	28	..	28
2. Child welfare	3	6	1	1	3	..	14	..	14	..	14
3. Public Assistance . . . . .	..	1	..	1	1	..	3	..	3	..	3
4. Department of social services . . . . .	..	2	..	..	2	..	4	..	4	..	4
5. Adoption services	1	1	..	..	..	..	2	..	2	..	2
6. American Red Cross.	6	10	2	2	9	1	30	4	26	1	29
7. Veterans' Administration. . . . .	..	2	..	..	2	..	4	..	4	..	4
8. Employment Security Comm. . . . .	..	1	..	..	2	..	3	..	3	..	3
9. Alcoholics Anonymous. . . . .	..	1	..	..	..	..	1	..	1	..	1
10. United Cerebral Palsy Association	1	1	1	1	1	..	5	1	4	1	4
11. Multiple Sclerosis Society.	1	1	1	1	1	..	5	1	4	1	4
12. The Salvation Army.	1	1	..	..	1	..	3	..	3	..	3
13. VISTA	1	1	..	1	..	..	3	..	3	..	3
14. OEO Community Action projects	1	1	..	1	..	..	3	..	3	..	3
15. Boy Scouts of America . . . . .	..	..	..	1	..	..	1	1	..	..	1
16. Travelers' Aid. . . . .	..	1	..	1	..	..	2	..	2	..	2
17. Social Security Administration. . . . .	..	..	..	..	1	..	1	..	1	..	1
18. Handicapped children's services	1	1	..	1	1	..	4	..	4	..	4
19. Resources for handicapped children organ. . . . .	..	1	..	..	1	..	2	..	2	..	2
20. Public Health Services. . . . .	..	1	1	1	1	..	4	..	4	..	4

TABLE 36--Continued

Helping Resources	Types of Contacts							Comm. Member		Comm. Officer	
	F	I	S	P	CP	O	Total	Yes	No	Yes	No
21. Speech and hearing clinic or center . . .	..	1	..	..	..	..	1	..	1	..	1
22. Physical rehabilitation center.	1	1	..	..	1	..	3	..	3	..	3
23. Public schools and school social services	2	5	..	2	4	..	13	..	13	..	13
24. Psychiatry-guidance clinic or center. . .	2	4	..	..	4	..	10	..	10	..	10
25. General hospital.	1	1	..	..	1	..	3	..	3	..	3
26. Inter-agency coordinating committee or community health & welfare council. . .	3	1	..	1	1	1	7	3	4	..	7
27. Council of Social Workers	1	..	..	..	..	..	1	1	..	..	1
28. Military-Civilian Comm. Relations Comm. .	1	..	..	..	..	..	1	1	..	..	1
29. Social Planning Committee . . . . .	..	..	..	1	..	..	1	..	1	..	1
30. Family and Child agencies or services . .	..	2	1	1	2	..	6	..	6	..	6
31. Vocational Rehabilitation . . . . .	..	1	..	..	1	..	2	..	2	..	2
Overseas											
32. Big Brothers Assoc.	1	..	1	1	..	..	3	..	3	..	3
33. Crippled Children's Treatment Center. . .	..	1	..	1	..	..	2	..	2	..	2
34. Retarded Children's Assoc. . . . .	..	1	..	..	..	..	1	..	1	..	1
35. Community Mental Health Association . . .	..	1	..	..	..	..	2	..	2	..	2
36. Residential treatment center for emotionally disturbed	1	1	..	..	1	..	3	..	3	..	3
37. NASW Chapter.	1	..	..	1	..	..	2	1	1	..	2
Total.							34 63 9 23 51 3 183	3			
Mean Contacts by all Respondents . . . . .							.4.95				

The five resources with which the respondents had the greatest number of contacts were the following: (1) American Red Cross Chapter, (2) Public Welfare, (3) Child Welfare, (4) Public Schools and school social services, and (5) Psychiatry-guidance clinic or center. American Red Cross was the agency or resource with whom the greatest number of contacts were had. The respondents interacted most with these resources by means of informal contacts. The manner of interaction least utilized was contact through staff meetings.

Table 37 reveals that the ACS Officers (not social work officers) identified 17 civilian helping resources with which they interacted. The respondents had the most contacts with the following resources: (1) Interagency coordinating committee or community health and welfare council, (2) Family and Child agency or service, (3) American Red Cross Chapter, (4) The Salvation Army, and (5) Retarded Children's Association. Only one of these--American Red Cross--was identical to the five resources identified by the ACS Officers-Social Work Officers. The respondents had the greatest number of contacts with two of the five resources identified, namely--interagency coordinating committee or community health and welfare council, and Family and Child agency or service. The mode of interaction most often utilized by the respondents with the five resources was again informal contacts; the least utilized was contact related to agency policies or planning.

TABLE 37

CONTACTS-INTERACTION WITH OTHER CIVILIAN HELPING RESOURCES
AS REPORTED BY ACS OFFICERS
(N=15)

Helping Resources	Types of Contacts							Comm. Member		Comm. Member	
	F	I	S	P	CP	O	Total	Yes	No	Yes	No
United States											
1. Public Welfare agency . . . . .	..	2	..	..	1	..	3	..	3	..	3
2. Department of social services	1	..	..	..	..	..	1	..	1	..	1
3. American Red Cross. . . . .	..	2	..	1	1	..	4	2	2	1	3
4. Legal Aid Society . . . . .	..	1	..	..	1	..	2	..	2	..	2
5. Chamber of Commerce . . . . .	..	1	..	..	..	..	1	..	1	..	1
6. Human Relations Council	1	..	..	1	..	..	2	1	1	..	2
7. Easter Seal Society	1	1	..	..	1	..	3	1	2	..	3
8. The Salvation Army.	1	1	1	..	1	..	4	1	3	..	4
9. Travelers' Aid. . . . .	..	1	..	..	..	..	1	..	1	..	1
10. Retarded Children's Association	1	1	1	1	..	..	4	1	3	..	4
11. Pub. schools and school social services .	1	..	..	..	..	..	1	..	1	..	1
12. General hospital. . . . .	..	1	..	..	1	..	2	1	1	..	2
13. Catholic Archdiocesan Equal Opportunity Commission.	1	1	1	..	..	..	3	1	2	..	3
14. Interagency coordinating committee or community health & welfare council. . .	3	2	2	1	1	..	9	2	7	..	9
15. Citizens' Advisory Committee. . . . .	..	..	..	1	..	..	1	1	..	..	1

TABLE 37--Continued

Helping Resources	Types of Contacts							Comm. Member		Comm. Officer	
	F	I	S	P	CP	O	Total	Yes	No	Yes	No
16. Family and Child agencies or services . .	2	3	1	..	2	1	9	1	8	..	9
Overseas											
17. Foreign Social Workers' Association . . .	..	1	..	..	..	..	1	..	1	..	1
Total.	12	18	6	5	9	1	51	12		1	
Mean Contacts by all Respondents . . . . .	.3.00										

Both respondent groups rated the adequacy of assistance provided by the above-described helping resources as follows:

American Red Cross--

21 respondents reported assistance was very helpful;
11 " " " " helpful;
1 respondent " " " not helpful.

Public Welfare agency--

10 respondents reported assistance was very helpful;
19 " " " " helpful;
1 respondent " " " not helpful.

Child Welfare agency--

10 respondents reported assistance was very helpful;
21 " " " " helpful.

Public Schools and school social services--

10 respondents reported assistance was very helpful;
15 " " " " helpful;
3 " " " " not helpful.

Psychiatry-Guidance Clinic or Center--

6 respondents reported assistance was very helpful;
20 " " " " helpful;
1 respondent " " " not helpful.

Interagency Coordinating Committee or . . . Health and Welfare Council--

9 respondents reported assistance was very helpful;
4 " " " " helpful.

Family and Child Services--

4 respondents reported assistance was very helpful;
13 " " " " helpful;
3 " " " " not helpful;

The Salvation Army--

4 respondents reported assistance was helpful.

Retarded Children's Association--

7 respondents reported assistance was very helpful;
15 " " " " helpful;
2 " " " " not helpful.

Hence, among the nine helping resources, American Red Cross was, in this writer's judgment, rated the most helpful in terms of assistance provided to ACS staff members and their clients.

With regard to membership on committees of civilian helping resources, 65% of the ACS Officers-Social Work Officers were members of other resource committees, and 15% were committee officers. Again, however, the percentage was greater for ACS Officers (not social work officers)--86%--who were members of other resource committees; 7% were committee officers.

Summary

Staff Responsibilities for Social Welfare Services Provided by ACS Centers.--It was found that ACS Volunteers were responsible for providing the greatest number of 83 services listed in the questionnaire. The data reported in Chapter V enabled the writer to classify ACS volunteers as subprofessional and nonprofessional types. Therefore, the writer concludes that the greatest number of ACS services were provided principally by subprofessional and nonprofessional service deliverers.

Another finding with regard to staff responsibilities, was that there was little difference in the category of staff selected and assigned responsibility for providing specific services, as determined by ACS Officers who were professional social work officers and those who were not.

Client Utilization of Services Provided by ACS Centers.--

Three features stand out with regard to clients' use of ACS services. First, it was found that among the four client types--active duty Army Officer, Officer dependents, active duty Enlisted Man, and Enlisted Man dependents--dependents of Enlisted Men most utilized the services provided by the 50 ACS centers. The writer believes that this finding was

consistent with the one reported in Chapter VI, namely--Enlisted Men dependents most often experienced and brought to ACS centers the greatest number of 62 social welfare problems listed in the questionnaire.

Secondly, the respondents were able to delineate four different services which were utilized the most by each of the four client types. These services were as follows: (1) for active duty Officers--community councils for coordinating services available and providing information through publicity about these services; providing an opportunity for representatives of the agencies delivering services to get together and discuss mutual problems; (2) for Officers' dependents --baby-sitting service where a reference file of available sitters is maintained and sitting is also provided; (3) for active duty Enlisted Men--financial assistance in the form of loans; and (4) for Enlisted Men's dependents--assistant to next of kin in casualty situations.

The third feature is related to the question of whether or not the services most utilized by each client type corresponded with the problems most often experienced by them. It was found that the services most often utilized did correspond (in terms of assistance provided) with the problems most often experienced. The greatest amount of matching, in the writer's judgment, was between services most often utilized and problems most often experienced by active duty Army Enlisted Men (clients). The least amount of matching was that reported for active duty Army Officer dependents (clients).

Contacts and Interaction between ACS Personnel and other Community Welfare Agency Resources.--Four features stand out with regard to contacts and interaction by ACS personnel with other welfare or helping

resources. First, the ACS Officer respondents identified 31 different Army helping resources with which they had contacts; also, 43 different civilian helping resources were identified by the respondents.

Secondly, it was found that the resource with which the respondents had the greatest number of contacts or with whom they interacted the most was the American Red Cross--both as an Army and civilian helping resource. Contacts or interaction by the respondents with other ACS centers were almost completely lacking, however, as only three contacts were reported.¹

A third feature was that the respondents interacted most with other helping resources by means of informal contacts. Contacts through staff meetings were the least utilized means of interaction.

The final feature concerns differences, if any, between those helping resources most interacted with as reported by ACS Officers who were social work officers and those who were not. It is the writer's judgment that there was general agreement between the two respondent groups with regard to their identification of other helping resources with which they had the greatest number of contacts. Three of the five Army resources--American Red Cross, Army Health Nurse, and Army Chaplains--were similarly identified by both respondent groups; and one civilian resource--American Red Cross chapter--was identified by both respondent groups.

The following chapter will present the summary and conclusions of the study.

¹It is important to mention that the Army resource--other ACS center--was not among those listed in the questionnaire. However, the respondents had the opportunity to identify additional resources, not listed in the questionnaire.

CHAPTER IX

SUMMARY AND CONCLUSIONS

This study has been based on the concept of a basic range and continuity of service, within a uniform standard of excellence, for all ACS centers. The establishment of policies and guidelines along which this concept could be operationalized required securing and unifying knowledge about the operations of all ACS centers. Such knowledge is a definite requisite for improved social welfare planning for the Army community. The writer's experiences with ACS provided him the opportunity to observe significant differences between individual ACS center programs with regard to the following four factors--social welfare problems, social welfare services, social welfare personnel, and community welfare helping resources. These experiences also confirmed his belief that such differences, when viewed within the above context, warranted research.

The study has gathered data from 50 ACS centers located throughout the world--36 in the United States and 14 overseas. The primary purpose was to identify and describe the previously identified four factors in relation to their impact on the operations of the centers. A secondary purpose of the study was the presentation of a description of the development of the ACS Program. It was also intended that some contribution would be made to knowledge which might lead to

the alleviation of the manpower crisis in social welfare. Accordingly, it was thought that new ways of determining the amount and types of personnel required to meet agency program objectives might be identified, and it was hoped that new services would be described which could be provided effectively by subprofessional and nonprofessional personnel. Also, new utilizations of such personnel might be discovered.

Literature on social welfare problems, social welfare services, social welfare personnel, and welfare helping resources was a source of a theoretical framework for the study. Different types of social welfare problems which, it was expected, could be experienced by Army personnel and their families, and for which ACS centers could provide services were identified in advance by references in the literature. The importance of developing services in relation to problems was high-lighted in the literature, and various social welfare activities were classified and described. Readings enabled the writer to identify the various conceptual types of manpower presumably available for providing social welfare services and to demonstrate the need for developing more effective policies for differentially utilizing these personnel. As part of the literature review, ideas about the types and purposes of contacts between welfare agencies or helping resources were examined, and material pertaining to the importance of coordinative planning between agencies when establishing new service programs or eliminating existing ones were read.

Specifically, the major study questions directed at the four factors were as follows:

A. Social Welfare Problems--

1. What kinds of problems are brought to ACS centers?
2. What is their distribution, i.e., who among Army personnel and families experience them and how often?

B. Social Welfare Services--

1. What service programs do ACS centers provide to Army personnel and their families to assist them in meeting social welfare problems?
2. Who uses these services most often?

C. Personnel--

1. What personnel are assigned to ACS centers?
2. What are their skill capabilities?
3. What personnel are primarily responsible for delivering specific ACS services?
4. What personnel--professional, subprofessional, or non-professional--can, in the opinion of the respondents, adequately deliver specific social welfare services?

D. Community Welfare Agency Resources--

1. What resources are available in the Army and civilian communities that can be utilized by ACS center personnel in assisting Army families with social welfare problems?
2. What is the nature of contacts and interaction between ACS Officers and the helping resources?

Method

Data were collected through the use of a questionnaire mailed to 70 ACS centers and hopefully distributed to 218 center staff members

whose role positions complied with the criteria for inclusion in the study. One hundred nineteen staff members, representing 50 ACS centers, responded.¹ The two-part questionnaire asked characteristics of the study population and contained questions directed at the four major study factors. Data were analyzed by means of the IBM 1620 computer and a desk calculator. The descriptive statistical measurements of high and low score, range, mean, frequency distribution, and percentage were utilized in the data analysis. Data used to construct the preliminary history of the development of the ACS Program were gathered through content analysis from official documents provided by the Office of The Social Service Consultant to The Surgeon General, Department of The Army.

Summary of Findings

Characteristics of the Study Population.--All three types of conceptually identified available manpower--professional, subprofessional, and nonprofessional--were found, as expected, to be involved in providing social welfare services within ACS centers. Most of the personnel were nonprofessional. As a total group, the population had minimal number of years experience in ACS, but this was most likely because the Program had been in operation for only some four and one half years at the time of the study. The mean rank for Army Officer personnel assigned to the ACS centers was Captain, with field grade officers--primarily Majors--having been occasionally assigned. Such an assignment

¹Questionnaires returned by 21 respondents were not utilized in the study, however, because they were incomplete or were not completed according to instructions. Hence, only 98 respondents were included in the study.

pattern was especially true with regard to the allocation of Social Work Officers to ACS centers.

The data revealed that the professional respondents had the greatest number of years experience in performing social welfare functions or providing social welfare services. The nonprofessionals had the second greatest number of years experience, while subprofessionals had the least. Of particular significance was the finding that the respondents were most experienced in the casework method (of social work). Less experience in administration and community organization was found. The large amount of experience in casework was reflected in the types of duties or tasks performed by the ACS personnel. It was found that the respondents spent large amounts of time, in comparison with time spent providing other duties or tasks, providing casework counseling to Army personnel and their families.

Analysis of the characteristics of the ACS Volunteer Coordinators/Directors revealed that 75% of them were wives of Army Officers, and more than half were wives of Army Majors or above. Enlisted Coordinators or Directors were wives of Army personnel who had ranks of E-6 and above--the upper half of the Enlisted rank scale. It was reported by the Coordinators that 63% of their volunteers were Army Officer wives. The Volunteer Coordinators primarily performed administrative and supervisory duties or functions and were not involved in providing direct services to personnel who sought assistance from the ACS centers. Of interest was the finding that two service committees--Intake and Handicapped--which AR 608-1 suggests should be

established at ACS centers, were provided by less than half of the ACS centers that participated in the study.

Social Welfare Problems.--Analysis of the data revealed that 21 of the 62 social welfare problems (listed in the questionnaire) were experienced and brought more often than the others to the ACS centers by Army personnel and their families for assistance. The one problem experienced and brought most often was loss or lack of household goods, and reassignment and relocation problems were the second most often experienced. The writer had expected financial or economic problems to be those experienced and brought most often to the ACS centers. Of the four client personnel types--active duty Army Officer, Officer dependents, active duty Army Enlisted Man, and Enlisted Man dependents--active duty Enlisted Men and their dependents most often experienced all of the 21 problems identified. They were also the client types who sought assistance most often from the ACS centers with these problems.

It was found that the Volunteer Coordinators/Directors were considerably uninformed with regard to the nature and distribution of social welfare problems brought to the ACS centers. Almost half of them were unable to answer any questions related to this subject.

Of interest was the finding that Social Work Officers, as respondents, identified as social welfare problems or conflicts experienced most often those primarily personal, individual or emotional in their nature (e.g., marital conflict as contrasted with lack of quarters on post). As interpreted by Cohen in Chapter III of this study, these would have been problems manifested primarily by a state of individual

being, thinking, or feeling and not problems manifested by family or group behavior which would require intervention by the organized community.¹

Social Welfare Services.--Data analysis revealed that dependents of active duty Army Enlisted Men most often utilized the social welfare services provided by the 50 ACS centers. This finding was consistent with the one which showed that Enlisted Men dependents experienced and brought most often the greatest number of social welfare problems to the ACS centers. It was found that four different services were utilized most often by the four client personnel types. These types and services utilized were as follows: (1) active duty Army Officers used community councils for coordinating services . . .; (2) Officer dependents used baby-sitting service where a reference file . . . and sitting is provided; (3) active duty Enlisted Men utilized financial assistance in the form of loans; and (4) Enlisted Men dependents used assistance . . . in casualty situations.

Findings from the analysis were inconsistent with regard to the relationships between social welfare services most often provided, services most often utilized, and social welfare problems most often experienced. It was found that services provided by the greatest number of the ACS centers were generally developed in relation to (or corresponded with) problems experienced and brought most often to the centers by the client types. However, none of the four reportedly most utilized services matched or corresponded with the two problems reported as most

¹Cohen, Social Work and Social Problems, p. 364.

often experienced by all ACS client types, namely--loss or lack of household goods, and reassignment and relocation problems.

An unexpected but particularly significant finding concerned the relationship between the 21 problems most often experienced and the services most often provided by the ACS centers directed by professional social work officers and those not directed by such officers. The centers directed by ACS Officers, not social work officers, provided more social welfare services that corresponded with the top 10 of the 21 problems reported most often experienced, while the centers directed by ACS Officers who were social work officers provided more services that corresponded with the least frequent 11 of the 21 problems.

The data indicated that the centers lacked social welfare services related to problems of indebtedness, poor buying practices, and inadequate income.

Social Welfare Personnel.--From the analysis it was found that the largest categorical group of personnel delivering or providing social welfare services at the 50 ACS centers were nonprofessionals; subprofessional service deliverers comprised the second largest group. Army Community Service volunteers provided the greatest number of the 83 services listed in the questionnaire; the volunteers were principally nonprofessional service deliverers. Another finding related to nonprofessionals was that they tended to perform certain functions or services that were, in this writer's judgment, incompatible with their training and experience--for example, 63% often performed casework counseling to Army personnel and their families. Barker and Briggs

would appear to support this writer's judgment in stating that "in those areas of direct treatment of the individual patient . . . there is no satisfactory way in which a person without graduate training can assume role responsibility for such treatment activity."¹

The analysis of preferences for professional, subprofessional, or nonprofessional personnel to provide specific social welfare services produced significant, surprising findings. Professional service deliverers were generally selected as first choice to provide services judged by this writer as encompassing conflict resolution and system reconstitution activities.² Nonprofessional service deliverers were not selected to provide such services. On the other hand, it was found that nonprofessional service deliverers were generally selected as first choice to provide services which entailed need-fulfilling and problem-solving activities.³ Professionals were not selected to provide such services.

Of particular significance was the finding that subprofessional service deliverers were selected as first choice to provide only three of the 83 social welfare services listed in the questionnaire. The inability or the reluctance of the respondents to select subprofessional service deliverers was further emphasized by the finding that fewer than half of them selected subprofessionals as either first choice or not at all to provide any of the remaining 80 social welfare services.

¹Barker and Briggs, Differential Use of Social Work Manpower, p. 177.

²These activities, as defined by Barker and Briggs, were described in Chapter III of this study.

³Ibid.

Subprofessional personnel (respondents) were the second largest group within the study population.

Community Welfare Agency Resources.--Seventy-four different Army and civilian community helping resources were reported as available for providing assistance to the ACS Officers (surveyed) and their staff in meeting the social welfare problems of their clients. The contacts and interaction with these resources were primarily informal; formal staff contacts were utilized the least. It was found that the greatest number of contacts or the greatest amount of interaction was with the American Red Cross--both as a service located on the Army post/installation and as a chapter located in the civilian community. The ACS function of interpreting welfare needs of the Army family to the civilian community tended to be performed less frequently by the ACS personnel surveyed than other coordinative functions.

Conclusions

(1) It was implied in the findings that personnel assigned to ACS centers have experience principally in the casework method of providing social services. Although not a specific finding from the study, it could be considered probable that many centers are, therefore, casework oriented in their approach toward the development of service programs to meet social welfare problems experienced by Army personnel and their families.

(2) The data suggested that there is differential social participation on the part of volunteers in ACS programs, i.e., wives of Army Officers constitute a majority among ACS volunteers, and Enlisted

Men's wives are a minority. This finding, therefore, supports the concept of differential involvement of personnel in social welfare programs, as cited in Chapter III. The concept proposes that social participation is not uniformly distributed within the community population and tends to be concentrated within a minority.

(3) The findings suggested that the types of social welfare problems experienced and brought most often to ACS centers are those which are social in nature, i.e., problems experienced by families, groups, or individuals that tend to impede positive social functioning within the community. Such problems are in contrast with those which are more personal or emotional in nature as experienced by the individual person.

The client types which can be expected to most often experience such problems as well as most frequently seek assistance from ACS centers are active duty Army Enlisted Men and their families.

(4) Coordinators or directors of ACS volunteers appeared to be least knowledgeable, in comparison with other staff members, about the nature and distribution of social welfare problems experienced by the Army community. This finding suggests that volunteers in ACS are not able to participate fully at the problem-defining level (as described in Chapter III) when decisions are made in relation to service programs. Role responsibilities for volunteers at the planning and policy-making levels do not appear to be clearly defined.

(5) From the findings it can be concluded that there are variations among ACS centers with respect to the degree of fit between service programs developed and planned and problems experienced by

members of the Army community. For example, the findings, in the writer's judgment, suggested that ACS Officers who are professional social work officers may tend to plan, develop, and provide services which are compatible with their own professional experience or expertise. In some instances, such an orientation may not correspond with social welfare problems as they are defined and experienced by other members of the Army community. Such planning would not be unique only to ACS centers, however. As pointed out by Southwick and Thackeray (in Chapter III), many social welfare agencies plan and develop service programs for the client instead of with him; often their services are agency oriented rather than client-oriented.¹

(6) No definitive conclusion can be reached as to whether or not ACS centers follow a consistent policy regarding the differential use of personnel in providing or delivering social welfare services. The findings did suggest, however, that subprofessional and nonprofessional personnel are assigned or do perform social service tasks or functions which, in the writer's judgment, are incompatible with their training and experience. It can be concluded that there is a pattern within ACS centers of designating service assignments and responsibilities to personnel on the basis of the types of activities to be performed. That is to say, professional service deliverers are selected to perform conflict resolution and system reconstitution activities; nonprofessional types are selected to perform need-fulfilling and problem-solving activities.

¹Southwick and Thackeray, "The Concept of Culture in the Neighborhood Center," p. 388.

(7) Role responsibilities with regard to the provision or delivery of social welfare services by subprofessional personnel in ACS have not been clearly defined. They tend to be called upon "to do a little bit of everything." The implication is that these service deliverers are not being effectively utilized.

(8) Army Community Service Officers carry out their coordinative and planning roles or responsibilities with other Army and civilian community helping resources primarily through informal contacts or interaction. The findings suggested, in the writer's opinion, an over-reliance by ACS Officers upon informal contacts as a means of maintaining coordinative and working relationships between ACS centers and other helping resources.

Implications and Recommendations

Army Community Service.--(1) More individuals with training and experience in community organization and social welfare administration should be assigned to ACS centers. Army Community Service is a community-oriented program, and such personnel could be expected to contribute more significantly to the fulfillment of the Program's mission.

(2) Since the findings revealed that ACS centers are generally lacking in service programs related to problems of indebtedness, poor buying practices, inadequate income, and inadequate or lack of post housing, client personnel could benefit from ACS centers increasing or developing anew the following services: financial assistance in the form of loans, consumer-buying counseling, credit counseling, and service programs directed at housing problems.

(3) The need exists for involving more wives of Army Enlisted Men in ACS programs. Perhaps this could be accomplished if ACS Officers and other staff members made community issues, programs, and affairs more relevant to the wives of Enlisted Men.

(4) Coordinators or directors of volunteers, as well as the volunteers themselves, should become more knowledgeable of the nature and distribution of social welfare problems as experienced by the Army community. One means of accomplishing this might be for ACS Officers to encourage coordinators or directors to become more involved in providing direct services to ACS client personnel. Perhaps a greater and more appropriate sharing of knowledge about community problems could also come about through greater involvement of volunteers at the planning and policy-making level within individual ACS centers.

(5) Army Community Service personnel should be continually mindful of the relationship between (social welfare) problem definition and (social welfare) services development. In this way centers should be able to provide more relevant services--matching problems or needs--to a more substantial proportion of the Army community population. In this regard, there is a need (in this writer's judgment) for Social Work Officers who are ACS Officers to re-examine their service programs to determine whether or not they are responding to those problems most often experienced by the Army community; if they are not, such programs should be re-directed at the major problem areas or additional programs should be developed.

Barker and Briggs speak of a developmental model of providing social services. Such a model consists of:

. . . the provision of social services that are not required by the client groups because of the need to solve a problem, but because the services are means to a better way of life. The services are provided as "social utilities, which contains no implication that the person or groups for whom they are rendered are subject to problems."¹

The implication is that ACS personnel should be mindful of this model when developing service programs.

(6) Need exists for the development of clear policies whereby ACS Officers and ACS directors can become better able to differentiate those activities or services that can be appropriately assigned to each category of service deliverers--especially subprofessionals--and which they can be expected to perform suitably. The need for such policies and task defining does not appear to be as great with regard to professional and nonprofessional service deliverers.

(7) There are specific actions that ACS Officers might take to increase their contacts or interaction with other community helping resources and thereby strengthen their coordinative and community welfare planning relationships with them. First, there is, in this writer's judgment, a need for increasing staff contacts between resource personnel, whereby ACS Officers would increase their attendance at other agency resource staff meetings; also, other resource personnel could attend ACS staff meetings more frequently. Secondly, it would be of benefit to both the Army and civilian communities if ACS Officers would increase their membership on committees within other helping resources as well as agree to serve more often as officers on such committees. The

¹Barker and Briggs, Differential Use of Social Work Manpower, p. 189.

same can be said for civilian personnel with regard to membership on ACS committees.

Civilian Social Welfare Agencies and Social Work Practice.--

(1) The observations made with regard to means whereby contacts or interaction between ACS Officers and civilian helping resources could be increased and strengthened have relevance for civilian social welfare agencies. Such interaction between community resources for improved community welfare planning becomes increasingly important as more Army families find it necessary to settle in civilian communities rather than on Army posts or installations. Civilian helping resources need to become aware of social welfare problems experienced by Army personnel and their families, especially with regard to how they--together with Army helping resources--can work towards developing service programs for combatting such problems.

These comments have particular relevance for American Red Cross services since the study findings revealed that ACS Officers interact most often with such services. American Red Cross personnel and ACS Officers should develop additional and new means of working together constructively in behalf of the soldier and his family.

(2) It is evident from the literature that civilian social welfare agencies along with Army agencies are struggling to identify new methods of effectively utilizing subprofessional and nonprofessional personnel in the delivery of social welfare or social work services. Findings of this study may alert them to the fact that the need for differentiating service tasks is possibly greater with regard to the subprofessional service deliverer than with the nonprofessional.

In any case, review of the data related to personnel preferences for service deliverers might lead to the identification of new service responsibilities which can be appropriately assigned to sub-professional and nonprofessional service deliverers functioning within civilian agencies.

Limitations

The writer was able to identify four major limitations of the study.

(1) In asking the respondents to reply only to the forced-choice list of social welfare problems, the writer did not allow for a complete delineation of all problems brought to the ACS centers. And it cannot be assumed that the study has identified the most serious problems that are experienced by Army personnel and their families. Reasons for the existence of the social welfare problems identified were not ascertained. Such data would be beneficial in arriving at decisions regarding the development and provision of social welfare services.

(2) The responses from ACS centers located overseas were minimal. This was also true with regard to data provided by certain categories of ACS personnel (respondents), namely--ACS Officers who were not social work officers and Volunteer Coordinators/Directors. Hence, generalizations or conclusions pertaining to these centers and personnel had to be formulated guardedly.

(3) Only 55 per cent of a sample of 118 ACS staff members responded. The return rate could have been possibly greater if the questionnaire had been briefer and not so all-inclusive.

(4) The number of usable responses and the concomitant data available for utilization in the study were reduced further because parts of the questionnaire were not completed or were completed incorrectly (not according to instructions provided). This was particularly true on the part of subprofessional and nonprofessional respondents and in relation to questions asked regarding personnel preferences for service deliverers. Instructions for answering such questions were found to be not clearly stated or confusing in nature by the respondents.

Nonetheless, some respondents identified positive by-products of the questionnaire: (1) it was worthwhile in that it identified or suggested new social welfare services which could be developed by ACS centers; (2) the lists of other Army and civilian helping agencies described new resources which could be utilized by ACS centers for further assistance in meeting the social welfare problems of Army personnel and their families.

Recommendations for Further Research

(1) Army Community Services utilize professional, subprofessional, and nonprofessional personnel for delivering or providing social welfare services. Such a setting would be appropriate for testing, through research, selected theoretical models developed in relation to the differential utilization of social welfare personnel.

(2) A replication of this study--but with a small number of selected ACS centers--for the purpose of making in-depth, inter-center and intra-center comparisons of data related to the major study variables is suggested. Centers which might be selected for such a study could

include those directed by professional Social Work Officers or centers located on Army posts which have large serviceman and dependent populations.

(3) It could not be determined from the study findings whether or not ACS centers have specific policies regarding the differential use of personnel in providing social welfare services. Such a finding could possibly be arrived at or policies could be possibly developed from further research directed at examining various methods of how ACS manpower are utilized in providing services at selected ACS centers. Such research could be conducted by means of participant observation.

(4) A replication of this study, but with a smaller number of ACS centers, would contribute to the development of a norm-type model of an ACS center. Such a model could be subjected to testing in future research.

APPENDIX I

QUESTIONNAIRE AND RELATED MATERIALS

Questionnaire Cover Letters

Questionnaire Instructions

Instructions for Distribution of Questionnaires

Follow-up Letter

Questionnaire, Part I--Identifying Information

Coordinator/Director of Volunteers

Questionnaire

5603 4th Avenue
Hyattsville, Maryland 20781
11 July 1969

Dear

:

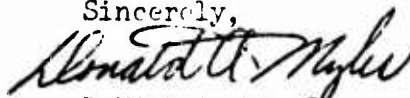
This letter is to solicit your participation in a major research study of the Army Community Service (ACS) program. As an Army Officer undertaking Doctoral studies in social work at The Catholic University of America, Washington, D.C., I am conducting a preliminary survey of all ACS centers located in the United States and overseas. I have discussed this study with LTC Frank Montalvo, GS, Social Service Consultant, ACS, Office of the Deputy Chief of Staff for Personnel, Department of the Army, and he strongly agrees that the ACS program would benefit greatly from this research.

The primary purpose of this study is to explore and describe the following as they exist in ACS centers: (1) social welfare problems, (2) social welfare services, (3) personnel, and (4) resources. Increased knowledge about these could contribute to the development of service guidelines for ACS officers and other personnel and aid in the establishment of a basic range and standard of services in ACS centers. Also conclusions might be reached that would aid in the development of policy decisions about ACS personnel requirements, training, and utilization.

The second purpose is to solicit your valuable opinion about the specific social welfare services that can be performed by the various personnel working in the social welfare field. Through our experience and know-how in ACS, we can contribute to civilian agencies which are only beginning to make wider use of volunteers and nonprofessional social work personnel.

Anticipating your busy schedule, I sincerely appreciate the time you will spend in completing the questionnaire. Thank you for your help, cooperation, and participation in this research study.

Sincerely,



DONALD A. MILES
Captain, MSC
Social Work Officer



DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF FOR PERSONNEL
WASHINGTON, D.C. 20310

DCSPER-SARD

Captain Donald A. Myles, MSC
National Catholic School of Social Service
The Catholic University of America
Washington, D.C. 20017

Dear Captain Myles:

The areas of interest in your research project, "Survey of Army Community Service Centers," is of vital concern to this office. Your goal is consistent with the objectives outlined in the Five Year Plan published by the Department of the Army on 20 September 1968.

The Army Community Service programs vary in size and capability from one installation to another because of differences in the number and types of population served and in the local resources that are available. The future development of a suitable training program for newly assigned ACS personnel requires taking these factors into consideration while developing a general assessment of current activities. Your project promises to do this. We look forward to its making an important contribution to the program, even though the complexity of the subject prevents it from being definitive.

We agree that our program can also make a significant contribution to civilian social agencies, since you will seldom find as dedicated and as inventive a group of personnel as we have in ours. We are certain that they will provide you with their full cooperation.

Your maintaining close coordination with this office will insure that the results of the study will have maximum application. Our only stipulation is that you provide this office with a summary of your findings in order that it can be distributed to the participants in the survey.

Sincerely,

A handwritten signature in cursive script, reading "Montalvo".

FRANK F. MONTALVO
Lieutenant Colonel, GS
Special Affairs and Review Division

INSTRUCTIONS

1. This study is not an evaluation of your ACS Center. It is expected that respondents' perceptions about your ACS Center will vary. No particular response or answer will be weighted any more than another. There are no right or wrong answers.

2. In completing the questionnaire, please pay close attention to all definitions and instructions. The questionnaire will not take long to complete.

3. It is important that you complete the questionnaire separately from Staff colleagues.

4. Where you are asked to express your answer in the form of an opinion, please do so as conscientiously as possible. It is the intent that your opinions portray the situation as it truly exists.

5. It is not required that you sign the completed questionnaire. Your answers will be kept strictly confidential and will be used solely for research purposes. Information collected from ACS centers will be compiled in order to draw general conclusions about the ACS program.

6. Please return the completed questionnaire to me in the enclosed envelope by not later than 1 August 1969.

DISTRIBUTION OF QUESTIONNAIRES

Your cooperation is further requested in distributing the enclosed questionnaires (with reply envelopes) for completion, to the following personnel working at your ACS Center:

1. Copy 1, to yourself, the ACS Officer.
2. Copy 2, to a Social Work Officer (if one is assigned to your ACS Center); this is not necessary if you are a Social Work Officer (MOS 3606).
3. Copy 3, to a Civil Service employee (with possible titles of Civilian Social Work Assistant, Social Service Representative, Asst. ACS Officer, ACS Coordinator, etc.) or an Enlisted Case Aide, Specialist--MOS 910--etc. (do not include secretarial--clerk--typist personnel). From these two, select the individual who is most familiar with the operations performed and the clientele served by your ACS Center.
4. Copy 4, to the Coordinator or Director of Volunteers.

IMPORTANT: PLEASE RETURN ALL UNUSED QUESTIONNAIRES TO ME.

5503 42nd Avenue
Hyattsville, Maryland 20781
22 August 1969

Dear :

This follow-up letter concerns the questionnaires I sent to you early last month related to the major research study of the Army Community Service (ACS) program which I am conducting. This study serves as a partial fulfillment of the requirements for completion of my Doctoral studies at The Catholic University of America, Washington, D.C.

First, I want to thank those staff members (respondents) of the many ACS Centers who have already returned their completed questionnaires to me. Generally, the data returned are of high quality and will contribute significantly to the successful completion of the research study.

The primary purpose of this letter, however, is to request those respondents--ACS Officers, Enlisted and Civilian personnel, and Volunteer Coordinators/Directors--who have received questionnaires but who have not as yet completed and returned them to please do so as soon as possible. Your participation in this research, by completing and returning the questionnaire, is of the highest importance and will serve as a significant contribution to the overall success of the Army Community Service program.

May I especially ask that ACS Officers strongly encourage their staff members who received questionnaires to complete and return them to me by not later than 12 September 1969.

Thank you very much for your taking the time from your busy schedule to participate in this research study and for making a very important contribution to the Army Community Service program.

Sincerely,

DONALD A. MYLES
Major, MSC
Social Work Officer

QUESTIONNAIRE, PART I
IDENTIFYING INFORMATION
COORDINATOR-DIRECTOR OF VOLUNTEERS

MILITARY STATUS:

1. What is your military status? (Check one below.)

- | | | |
|--|---|------|
| Wife of AD Army Officer. | _____ | (1) |
| Wife of other AD military service Officer. | _____ | (2) |
| Wife of retired Army Officer. | _____ | (3) |
| Wife of retired other military service Officer. | _____ | (4) |
| Wife of AD Army Enlisted Man. | _____ | (5) |
| Wife of other AD military Enlisted Man. | _____ | (6) |
| Wife of retired Army Enlisted Man. | _____ | (7) |
| Wife of retired other military service Enlisted Man. | _____ | (8) |
| Retired member of military service. | _____ | (9) |
| | (Specify branch of service
and rank) | |
| Other _____ | | (10) |
| | (Please specify) | |

2. What branch of military service is/was your husband in? (Check one below.)

- | | | |
|---------------|------------------|-----|
| Army. | _____ | (1) |
| Navy. | _____ | (2) |
| Air Force. | _____ | (3) |
| Marine Corps. | _____ | (4) |
| Other _____ | | (5) |
| | (Please specify) | |

3. What is/was your husband's rank? _____

EDUCATION:

4. Circle the highest year of schooling you have completed:

High School: 1 2 3 4

College: 1 2 3 4

Graduate School: 1 2 3 4 5

5. Specify college degree _____ 6. Major area of study _____

7. Specify graduate degree _____ 8. Major area of study _____

A. Specify other schooling/training (e.g., nursing school, etc.) _____

WORK EXPERIENCE:

9. Are you presently employed? (Check one below.)

No _____ (1) Yes, Full-Time _____ (2) Yes, Part-Time _____ (3)

B. If employed, describe your present position. _____

C. Describe your work experience you have had in addition to your volunteer work with ACS:

<u>Position</u>	<u>No. of months</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACS VOLUNTEER EXPERIENCES:

10. Have you attended ACS Volunteer training courses? No _____ (0) Yes _____ (1)

11. How many courses have you completed? _____

12. In how many ACS centers have you performed volunteer services? _____

D. Describe your ACS volunteer experiences according to the following:

<u>Position held</u>	<u>How long - Months</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. Briefly list your present duties as Coordinator or Director of Volunteers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

VOLUNTEER PROGRAMS AND VOLUNTEERS:

The following questions are directed at securing information about your volunteer programs and the volunteers who provide services at your ACS center. Please answer them to the best of your ability.

13. How many volunteers are active in your ACS program? _____
14. What is the military status of the majority of your volunteers? (Check one below.)
- | | | |
|---|-------|-----|
| Wives of AD Army Officers. | _____ | (1) |
| Wives of retired Army Officers. | _____ | (2) |
| Wives of Officers from other military services. | _____ | (3) |
| Wives of AD Army Enlisted Men. | _____ | (4) |
| Wives of retired Army Enlisted Men. | _____ | (5) |
| Wives of Enlisted Men from other military services. | _____ | (6) |
| Retired members of military service. | _____ | (7) |
| Other _____
(Please specify) | _____ | (8) |

15. What is the educational level of the majority of your volunteers? (Check one below.)

High school graduates.	_____	(1)
Attended college.	_____	(2)
College graduates.	_____	(3)
Post graduate.	_____	(4)
Don't know.	_____	(5)

16. Does your ACS Center provide training courses for your volunteers? No__ (0) Yes__ (1)

17. Are your volunteers required to attend ACS volunteer training courses?

No ____ (0) Yes ____ (1)

Does your volunteer program have the following committees and/or provide the following services?

<u>Committee - Service</u>	<u>Yes</u>	<u>Number of Volunteers Assigned</u>	<u>No</u>
18. Publicity Committee	_____	_____	_____
19. Administrative Services Comm.	_____	_____	_____
20. Emergency Services Committee	_____	_____	_____
21. General Services Committee	_____	_____	_____
22. Handicapped Services Comm.	_____	_____	_____
23. Welcoming Committee	_____	_____	_____
24. Lending Closet Committee	_____	_____	_____
25. Waiting Wives Committee	_____	_____	_____
26. Pregnant Wives Committee	_____	_____	_____
27. Foreign Wives Committee	_____	_____	_____
28. Recruitment Committee	_____	_____	_____
29. Intake Committee	_____	_____	_____
30. Liaison Committee	_____	_____	_____
31. Refreshment Committee	_____	_____	_____
32. Statistics Committee	_____	_____	_____

Identify and describe others not listed above: (use reverse side of page, if necessary)

NOT REPRODUCIBLE

QUESTIONNAIRE, PART I
IDENTIFYING INFORMATION

NOTE: This is a questionnaire addressed to both Army and civilian personnel working in ACS centers. Accordingly, the questions have been constructed so that both categories of personnel may respond to them simultaneously. However, there are some questions that are directed to Army personnel only. Such questions are identified as such, and civilian personnel should not answer those questions. Except for these instances, please answer all questions as instructed and in the best manner possible.

1. Branch of service (e.g., 1st, 2nd, 3rd, 4th, etc.) _____ 2. Rank _____
 3. Length of service _____ (months) 4. Primary MOS _____ 5. Duty MOS _____
 6. Civilian employee? (Check one) No _____ (0) Yes _____ (1)
 7. In how many ACS centers have you been assigned/worked to date (including your present assignment)? _____
 8. How long have you been in your present ACS position? _____ (months)
 9. What is your official ACS position? (Check appropriate response below)
- | | | |
|--------------------------------|-------|-----|
| ACS Officer | _____ | (1) |
| Assistant ACS Officer | _____ | (2) |
| ACS Coordinator | _____ | (3) |
| Chief, Social Work Section | _____ | (4) |
| ACS Social Work Officer | _____ | (5) |
| Civilian Social Work Assistant | _____ | (6) |
| Unlisted Case Aide | _____ | (7) |
| Other _____ | _____ | (3) |
| (Specify) | | |

EDUCATION:

10. Circle the highest year of schooling you have completed:

High School: 1 2 3 4

College: 1 2 3 4

Graduate School: 1 2 3 4 5

11. Specify college degree _____ 12. Major area of study _____
13. Specify graduate degree _____ 14. Major area of study _____
15. Specify other schooling/training (e.g., nursing school, etc.) _____

WORK EXPERIENCE:

IF you have had experience in social work, please answer the following questions:
 (If you have had no experience in social work, please go to questions B. and C. below.)

15. Number of months Army Social Work experience? _____

16. Number of months Civilian Social Work experience? _____

Kinds of Social Work Experience:

<u>Method</u>	<u>No. of months - Army</u>	<u>No. of months - Civilian</u>
Casework	17. _____	18. _____
Group Work	19. _____	20. _____
Community Organization	21. _____	22. _____
Administration	23. _____	24. _____
Research	25. _____	26. _____

IF you have had no experience in social work, please answer the following questions:

B. Army Personnel Only: What major duty assignments have you had in the Army besides your ACS assignment?

<u>Duty Assignment</u>	<u>No. of months</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. What kind of work experience have you had (before entering the Army)?

<u>Position</u>	<u>No. of months</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMPTON DUTIES:

carrying out your duties at your ACS center, do you perform the following functions?
 Indicate the frequency with which you perform each function by putting a check (✓) mark in
 the appropriate column:

Function	Never 1	Sometimes 2	Often 3
Plan ACS program(s).			
Manage ACS program(s).			
Coordinate off-post (civilian) social service program(s) with on-post program(s).			
Coordinate installation social service programs.			
Mobilize social services.			
Serve as a point of contact-communication center for all installation social services.			
Interpret ACS objectives.			
Devise and create new service program(s).			
Identify unmet social problems or needs.			
Interpret welfare needs of the Army family to the civilian community.			
Engage in and/or conduct social action activity(ies).			
Provide casework to Army personnel and their families.			
Conduct research related to your ACS center.			

2. MILITARY DUTIES:

Other Personnel Only: List other duties (e.g., Staff Duty Officer, inspections, ceremonies, guard duty, special boards or details, etc.) that are assigned to you by command and which are separate from your ACS duties but must be performed during normal hours. Rate how often you are assigned each duty according to the following scale:

- 0 - If you have no other military duties, check here ____
1 - At least once a week
2 - Less than once a week but at least once a month
3 - Less than once a month but at least once every two months
4 - Less than once every two months but at least once every three months

<u>Duty</u>	<u>Rating</u>

NOT REPRODUCIBLE

COMMUNITY WELFARE AGENCY RELATIONSHIPS:

Describe your contacts-interaction with other social welfare agency resources located in both the Army and civilian communities in the following. Indicate whether your contacts are formal or informal and what their purposes are by using (under Contacts heading) the following symbols and definitions:

(Type & Purpose)

- F - Formal = scheduled meetings, conferences, etc.
 I - Informal = telephone contacts; brief, unscheduled personal contacts
 S - Staff = attend other agency's staff meeting or other agency member attends your staff meeting
 P - Policy = meet with other agency, or other agency meets with you on policy review or planning
 CP - Case Planning=contacts about agency-charged case(s)
 O - Other

41. Army Community:

Name of Agency - Resource (List & identify function)	Contacts (Type & purpose)	Committee Member (Yes or No)	Committee Officer (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have no contacts with other Army community social welfare agencies, check (✓) here ____.

42. Civilian Community:

Name of Agency - Resource (List & identify function)	Contacts (Type & purpose)	Committee Member (Yes or No)	Committee Officer (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have no contacts with other civilian community social welfare agencies, check (✓) here ____.

Indicate, in your opinion, how often each personnel type below comes to your AGO for assistance with each problem listed in Col. I

Rate each personnel type for each problem according to the following scale:

- 0 - Never
1 - Seldom - 1 to 3 times a month
2 - Sometimes - 4 to 6 times a month
3 - Often - 7 to 9 times a month
4 - Very Often - 10 or more times a month

LIST OF PROBLEMS

	Army Off. Depend- ents	Army Off. Depend- ents	Army Off. Depend- ents	Army Off. Depend- ents	Army Off. Depend- ents	Army Off. Depend- ents
<u>A. Financial - economic</u>						
1. No-support						
2. Indebtedness						
3. Inadequate income						
4. Poor buying practices						
<u>B. Housing</u>						
5. Lack of quarters on post						
6. Lack of housing off post						
7. Inadequate quarters						
<u>C. Transportation</u>						
8. Mislocation						
9. Loss or lack of household goods						
10. Lack of necessary transportation means						
<u>D. Child or Adolescent Care/Adjustment</u>						
11. Personality adjustment problem of child under 13						
12. Personality adjustment problem of an adolescent						
13. School adjustment problem in child or adolescent						

SECTION I

Category 1

2.

Indicate, in your opinion, how often each personnel type below comes to your AGS for assistance with each problem listed in Col. I

Date each personnel type for each problem according to the following scale:

- 0 - Never
1 - Seldom - 1 to 3 times a month
2 - Sometimes - 4 to 6 times a month
3 - Often - 7 to 9 times a month
4 - Very Often - 10 or more times a month

LIST OF PROBLEMS

	Army Off. Depend- ents	Army Off. Depend- ents	Army Off. Depend- ents	Army Off. Depend- ents	Army Off. Depend- ents
14. Parent-child conflict					
15. Unmarried parenthood					
16. Juvenile delinquency					
17. Adolescent drug use					
18. Adolescent school drop-outs					
<u>B. Mental Handicap</u>					
19. Adult - Mental retardation					
20. Child - Mental retardation					
21. Child - Slow learner					
22. Child - Exceptional, gifted					
<u>F. Physical Handicap</u>					
23. Adult - Hearing defect					
24. Child - Hearing defect					
25. Adult - Speech defect					
26. Child - Speech defect					
27. Adult - Disability					
28. Child - Disability					
29. Adult - Loss of job					
30. Child - Loss of job					

SECTION I

Column 1

3.

Indicate, in your opinion, how often each personnel type below comes to your AGO for assistance with each problem listed in Col. 1

Rate each personnel type for each problem according to the following scale:

- 0 - Never
- 1 - Seldom - 1 to 3 times a month
- 2 - Sometimes - 4 to 6 times a month
- 3 - Often - 7 to 9 times a month
- 4 - Very Often - 10 or more times a month

LIST OF PROBLEMS

	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents
<u>9. Problems or Disorders of Family Relationships</u>												
<u>Husband - Wife</u>												
<u>30. Marital conflict</u>												
<u>31. Divorce</u>												
<u>32. Desertion</u>												
<u>33. Separation due to marital conflict</u>												
<u>34. Separation due to husband's military assignment</u>												
<u>35. Unwanted pregnancy</u>												
<u>36. Inability to have children</u>												
<u>Parent - Child</u>												
<u>37. Child neglect</u>												
<u>38. Child abuse</u>												
<u>39. Child separation from family</u>												
<u>40. Problems related to lack of substitute care for children</u>												
<u>41. Problems related to lack of day care facilities for children of working mothers</u>												
<u>Family - Community</u>												
<u>42. Displaced families</u>												
<u>43. Lack of social contacts</u>												

LIST OF PROBLEMS

Table 20, in your opinion, how often did personnel have below comes to your AGO for assistance with each problem listed in Col. I

Rate each personnel type for each problem according to the following scale:

- 0 - Never
- 1 - Seldom = 1 to 3 times a month
- 2 - Sometimes = 4 to 6 times a month
- 3 - Often = 7 to 9 times a month
- 4 - Very Often = 10 or more times a month

	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents	Army Off. AD	Off. Depend- ents
44. Family breakdown										
45. Misplaced persons										
46. Lack of identification cards										
47. Inadequate or lack of family recreational facilities										
48. Lack of housemaker services										
49. Lack of organized group activities for youth										
50. General Social Problems or Disorders										
50. Casualty - emergency										
General Health										
51. Individual personality adjustment problem of an adult										
52. Old age										
53. Diseases of infancy and pregnancy										
54. Alcoholism										
Cultural										
55. Citizenship problems										
56. Language problems										

Indicate, in your opinion, how often each personnel type below comes to your AGC for assistance with each problem listed in Col. I

into each personnel type for each problem according to the following scale:

- 0 - Never
1 - Seldom
2 - Sometimes
3 - Often
4 - Very Often

STEWART & SUTHERLAND

[illegible]

DEFINITIONS¹

The below definitions are to be used when you make judgments on specific social welfare services that can be performed by professional, subprofessional, and nonprofessional personnel working in social welfare agencies.

These definitions will be used when completing Column III on pages 6-13 of this questionnaire.

Nonprofessional - Volunteer

An individual without the professional social work degree who works without salary in a social welfare agency in a position connected with a social welfare function. The nonprofessional may work independently from the professional but still serves the client only in relation to the professional. Although his functions are different from the professional's, they are not seen as beneath those of the professional. The nonprofessional's training could vary from the relatively uneducated indigenous worker to the highly educated worker.

Subprofessional - Social Work Assistant - Enlisted Case Aide

An individual without the professional social work degree, but usually with a college degree, who is a full-time, salaried employee in a social welfare agency in a position connected with a social welfare function. He works with the professional and performs specific activities delegated to him by the professional. He is an aide, an assistant, a technician, and performs functions that are auxiliary to the professional's service provision.

Professional

An individual with a Master's Degree or higher in social work.

¹
Definitions are drawn from concepts presented by Fidelia A. Masi in a Doctoral Dissertation entitled Social Welfare Needs And Services In The Military, and Robert L. Barker and Thomas L. Briggs in Differential Use of Social Work Manpower.

COLUMN I

LIST OF SERVICES

6. You must check in Col. I, YES; to do so, please refer to the definitions of each personnel category found at the beginning of this questionnaire and base your answers on these definitions.

	C O L U M N I I			C O L U M N I I I		
	YES	NO	NO, but SHOULD	Nonprofessional-Volunteer	Subprofessional	Professional
1. Financial assistance in the form of loans						
2. Consumer-buying counseling						
3. Credit counseling						
4. Services related to post/installation housing						
5. Arrange temporary housing for transients, new arrivals, etc.						
6. Off-post/installation housing referral service						
7. Relocation assistance and counseling for arriving and departing personnel and dependents						
8. Central clearance office for departing personnel-families						
9. Registering incoming-arriving personnel and families						
10. Lending etc						
11. Emergency transportation						

Even if your YES does not provide each service listed in Col. I, what would you select, in the ideal situation, to deliver or provide this service in order of preference? Indicate your order of preference for each personnel category below for each service listed, according to the following scale:

- 1 - First choice
2 - Second choice
3 - Not at all

You must complete Col. III; to do so, please refer to the definitions of each personnel category found at the beginning of this questionnaire and base your answers on these definitions.

7.

COLUMN I

LIST OF SERVICES

	COLUMN II			COLUMN III		
	YES	NO	NO, but SHOULD	Nonprofessional-Volunteer	Subprofessional	Professional
12. Casework counseling						
13. Adoption counseling and arrangements						
14. Placement of unwed mother in unwed mother home						
15. Treatment for children and teen-agers with social problems as delinquency, drug-use, drop-outs, etc.						
16. Sheltered workshops						
17. Resource file and referral assistance regarding resources for mentally handicapped						
18. Special education for the mentally retarded						
19. Group discussion meetings for parents of mentally retarded children						
20. Recreation program for mentally retarded children						
21. Day camp for mentally retarded children						
22. Educational guidance counseling						

Even if your ACS does not provide each service listed in Col. I, then would you select, in the ideal situation, to deliver or provide this service in order of preference? Indicate your order of preference for each personnel category below for each service listed, according to the following scale:

- 1 - First choice
- 2 - Second choice
- 3 - Not at all

COLUMN I

LIST OF SERVICES

You must complete Col. III; to do so, please refer to the definitions of each personnel category found at the beginning of this questionnaire and base your answers on these definitions.

	COLUMN II				COLUMN III		
	YES	NO	NO, but SHOULD	Nonprofessional-Volunteer	Subprofessional	Professional	
23. Education for special groups as the slow-learner, gifted child, pre-school child, etc							
24. Resource file and referral assistance regarding resources for physically handicapped							
25. Rehabilitation services for persons suffering from a disability or severe limiting illness							
26. Provide appliances for the handicapped, such as wheel chairs, walkers, hearing aids, etc.							
27. Transportation and escorter service for the handicapped							
28. Assistance related to Veteran Administration benefits							
29. Group discussion meetings for parents of handicapped children							
30. Recreation programs for physically handicapped children							
31. Day camp services for physically handicapped children							

Even if your ACS does not provide each service listed in Col. I, then would you select, in the ideal situation, to deliver or provide this service in order of preference? Indicate your order of preference for each personnel category below for each service listed, according to the following scale:

- 1 - First choice
- 2 - Second choice
- 3 - Not at all

You must complete Col. III; to do so, please refer to the definitions of each personnel category found at the beginning of this questionnaire and base your answers on these definitions.

COLUMN I

LIST OF SERVICES

	<p><u>Column II</u> Does your AGO provide each service listed in Col. I? (Check in one column below for each service listed.)</p>			<p><u>Column III</u> Even if your AGO does not provide each service listed in Col. I, then would you select, in the ideal situation, to deliver or provide this service in order of preference? Indicate your order of preference for each personnel category below for each service listed, according to the following scale: 1 - First choice 2 - Second choice 3 - Not at all</p>		
	YES	NO	NO, but SHOULD	Nonprofessional-Volunteer	Subprofessional	Professional
32. Vocational guidance						
33. Employment service						
34. Marriage counseling						
35. Legal assistance						
36. Waiting-wives assistance (e.g., home maintenance class, auto maintenance class, etc.)						
37. Waiting-wives program-activities						
38. Waiting Wives Bulletin						
39. Family planning						
40. Adoption counseling arrangements						
41. Parent-child counseling						
42. Child protective services						
43. Emergency-temporary child care						
44. Foster home finding and related counseling						
45. Day-sitting service where a reference file of available sitters is maintained and sitting is also available.						

You must complete Col. III; to do so, please refer to the instructions of each personnel category found at the beginning of this questionnaire and base your answers on these definitions.

COLUMN I

LIST OF SERVICES

	COLUMN II				COLUMN III		
	YES	NO	NO, but SHOULD	Nonprofessional-Volunteer	Subprofessional	Professional	
46. Day care center for children							
47. Friendly visiting for persons confined at home; may encompass writing letters, grocery shopping, performing errands, etc.							
48. Army-life orientation courses for junior Officer and Junior Enlisted wives							
49. Welcoming services—home visiting							
50. Post/installation and civilian community orientation sessions for newly-arrived dependents							
51. Programs encouraging broader participation of residents in Army community agencies							
52. Family counseling							
53. Programs aimed at strengthening family life							
54. Education for family living							
55. Relocation assistance and services							
56. Securing dependent ID cards							

Even if your AG does not provide each service listed in Col. I, then would you select, in the ideal situation, to deliver or provide this service in order of preference? Indicate your order of preference for each personnel category below for each service listed, according to the following scale:

- 1 - First choice
- 2 - Second choice
- 3 - Not at all

You must complete Col. III, to 40 50, before entering in the last 11. Definitions of each personnel category found at the beginning of this questionnaire and base your answers on these definitions.

COLUMN I

LIST OF SERVICES

	Column II			Column III		
	YES	NO	NO, but SHOULD	Nonprofessional-Volunteer	Subprofessional	Professional
57. Cultural, artistic, and organized educational activities						
58. Family recreational programs						
59. Homemaker services and assistance						
60. Youth clubs and youth group activities						
61. Summer camps						
62. Multi-service youth centers						
63. Assistance to next of kin in casualty situations						
64. Counseling for widows and children of deceased servicemen						
65. Food freezer locker for food storage and distribution to persons in casualty or emergency situations						
66. Emergency relief in case of fire, theft, disaster; relief may be emergency clothing, medicines, transportation, food, etc.						
67. Service centers, recreation, etc.						

1 - First choice
2 - Second choice
3 - Not at all

You must complete Col. 11; to do so, please refer to the defn- 12, nitions of each personnel category found at the beginning of this questionnaire and base your answers on these definitions.

COLUMN I

LIST OF SERVICES

	Column I Does your AOS provide each service listed in Col. I? (Check in one column below for each service listed.)	Column II Even if your AOS does not provide each service listed in Col. I, what would you select, in the ideal situation, to deliver or provide this service in order of preference? Indicate your order of preference for each personnel category below for each service listed, according to the following scale: 1 - First choice 2 - Second choice 3 - Not at all	Nonprofessional-Volunteer	Subprofessional	Professional
	YES	NO	NO, but SHOULD		
68. Health education programs					
69. Pregnant Wives group and activities					
70. Referrals for services					
71. Services to foreign-born wives					
72. Future citizens classes and counseling					
73. Interpreters for language problems					
74. Cultural, artistic, and organized educational and recreational activities for adult-single servicemen, single servicewomen					
75. Foreign Wives Group and activities					
76. Pre-retirement counseling					
77. Involve users of services in policy formulation and determination					
78. Community planning for social services to help initiate new services and eliminate superfluous ones					

You must complete Col. III; to do so, please refer to the definitions of each personnel category found at the beginning of this questionnaire and base your answers on those definitions.

COLUMN I

LIST OF SERVICES

COLUM I		COLUM II			COLUM III		
Does your agency provide each service listed in Col. I? (Check in one column below for each service listed.)		YES	NO	NO, but SOMETIMES	Nonprofessional-Volunteer	Subprofessional	Professional
79. Community councils for coordinating of services available and provide information through publicity about these services. Provide an opportunity for representatives of the agencies delivering these services to get together and discuss mutual problems							
80. Information and referral service where a listing is kept of available social service agencies and basic information about them for referral purposes							
81. Fund raising for needed social services							
82. Local self-help program and neighborhood mobilization associations--social action groups							
83. Training for volunteer leaders in youth activities, group organizations, etc.							
84. Adult volunteer training program							
85. Volunteer Newsletter							

CHAPTER I

GENERAL INFORMATION

1. Financial assistance in the form of loans	1. Financial assistance in the form of loans	1. Financial assistance in the form of loans
2. Consumer-buying counseling	2. Consumer-buying counseling	2. Consumer-buying counseling
3. Credit counseling	3. Credit counseling	3. Credit counseling
4. Services related to post-installation housing	4. Services related to post-installation housing	4. Services related to post-installation housing
5. Arrange temporary housing for transients, new arrivals, etc.	5. Arrange temporary housing for transients, new arrivals, etc.	5. Arrange temporary housing for transients, new arrivals, etc.
6. Off-post/installation housing referral service	6. Off-post/installation housing referral service	6. Off-post/installation housing referral service
7. Relocation assistance and counseling for arriving and departing personnel and dependents	7. Relocation assistance and counseling for arriving and departing personnel and dependents	7. Relocation assistance and counseling for arriving and departing personnel and dependents
8. Central clearance office for departing personnel-families	8. Central clearance office for departing personnel-families	8. Central clearance office for departing personnel-families
9. Registering incoming-arriving personnel and families	9. Registering incoming-arriving personnel and families	9. Registering incoming-arriving personnel and families
10. Landing closet	10. Landing closet	10. Landing closet
11. Emergency transportation	11. Emergency transportation	11. Emergency transportation
12. Casework counseling	12. Casework counseling	12. Casework counseling
13. Adoption counseling and arrangements	13. Adoption counseling and arrangements	13. Adoption counseling and arrangements

NOT REPRODUCIBLE

STUDIES TO SIT

271

COLUMN I

LIST OF SERVICES

<p>16. If your AOS provides each service listed in Col. I, indicate which staff member normally provides this service.</p> <p>Date each service provided according to the following personnel code:</p> <p>1 - AOS Officer 2 - Social Work Officer, if he is not AOS Officer 3 - Civilian Social Work Asst. or Unlisted Case Aide 4 - Volunteer</p>	<p>16. If your AOS provides each service listed in Col. I, who, in your opinion, uses this service the most?</p> <p>Date each service using the following code:</p> <p>1 - AD Army Officer 2 - Officer's family 3 - Aid. Army Officer 4 - Aid. Officer's family 5 - AD Unlisted Man 6 - Aid. Unlisted Man 7 - Aid. Unlisted Man 8 - Aid. Unlisted Man's family</p>	<p>II & III for each svc. in Col. I)</p>
<p>26. Provide appliances for the handicapped, such as wheel chairs, walkers, hearing aids, etc.</p>		
<p>27. Transportation and escorter service for the handicapped</p>		
<p>28. Assistance related to Veteran Administration benefits</p>		
<p>29. Group discussion meetings for parents of handicapped children</p>		
<p>30. Recreation programs for physically handicapped children</p>		
<p>31. Day camp services for physically handicapped children</p>		
<p>32. Vocational guidance</p>		
<p>33. Employment service</p>		
<p>34. Marriage counseling</p>		
<p>35. Legal assistance</p>		
<p>36. Waiting-wives assistance (e.g., home maintenance class, auto maintenance class, etc.)</p>		
<p>37. Waiting-wives program-activities</p>		

COLUCH I

LIST OF SERVICES

<p><u>SECTION I</u> If your ACS provides each service listed in Col. 1, indicate which Staff member primarily provides this service.</p> <p>Date each service provided according to the following personnel code:</p> <p>1 - ACS Officer 2 - Social Work Officer, if he is not ACS Officer 3 - Civilian Social Work Asst. or Relieved Case Aide 4 - Volunteer</p>	<p><u>SECTION III</u> 17 If your ACS provides each service listed in Col. 1, also, in your opinion, uses this service the most?</p> <p>Date each service using the following codes:</p> <p>1 - AD Army Officer 2 - Officer's family 3 - Wtd. Army Officer 4 - Wtd. Officer's family 5 - AD Enlisted Man 6 - Enlisted Man's family 7 - Wtd. Enlisted Man 8 - Wtd. Enlisted Man's family</p>	<p>(Use only one code no. in Col. 1) 17 2 III for each svc. in Col. 1)</p>
38. Waiting Wives Bulletin		
39. Family planning		
40. Adoption counseling arrangements		
41. Parent-child counseling		
42. Child protective services		
43. Emergency-temporary child care		
44. Foster home finding and related counseling		
45. Baby-sitting service where a reference file of available sitters is maintained and sitting is also provided		
46. Day care center for children		
47. Friendly visiting for persons confined at home; may encompass writing letters, grocery shopping, performing errands, etc.		
48. Any-life orientation courses for Junior Officer and Junior Enlisted wives		
49. Welcome of new arrivals home visiting		
50. Post installation and civilian community orientation course for new arrivals here- etc.		

18. Other services /8.
 19. Other services /8.
 20. Other services /8.
 21. Other services /8.
 22. Other services /8.

23. Other services /8.
 24. Other services /8.
 25. Other services /8.
 26. Other services /8.
 27. Other services /8.

- 1 - Army Officer
- 2 - Officer's family
- 3 - Army Officer
- 4 - Army Officer's family
- 5 - AD Listed Man
- 6 - AD Listed Man's family
- 7 - AD Listed Man's family
- 8 - AD Listed Man's family

28. Other services /8.
 29. Other services /8.
 30. Other services /8.
 31. Other services /8.
 32. Other services /8.

33. Other services /8.
 34. Other services /8.
 35. Other services /8.
 36. Other services /8.
 37. Other services /8.

38. Other services /8.
 39. Other services /8.
 40. Other services /8.
 41. Other services /8.
 42. Other services /8.

- 1 - AGS Officer
- 2 - Social Work Officer, if no AGS Officer
- 3 - Civilian Social Work Asst. or Volunteer
- 4 - Volunteer

43. Other services /8.
 44. Other services /8.
 45. Other services /8.
 46. Other services /8.
 47. Other services /8.

COUNCIL I

LIST OF SERVICES

51. Program encouraging broader participation of residents in Army community agencies	(Use only one code no. in Col. 1)	II. III for <u>one</u> <u>two</u> in Col. 1)
52. Family counseling		
53. Program aimed at strengthening family life		
54. Education for family living		
55. Recreation assistance and services		
56. Sealing dependent ID cards		
57. Cultural, artistic, and organized educational activities		
58. Family recreational programs		
59. Homeowner services and assistance		
60. Youth clubs and youth group activities		
61. Summer camps		
62. Multi-service youth centers		
63. Multi-service youth centers		
64. Multi-service youth centers		
65. Multi-service youth centers		
66. Multi-service youth centers		
67. Multi-service youth centers		
68. Multi-service youth centers		
69. Multi-service youth centers		
70. Multi-service youth centers		
71. Multi-service youth centers		
72. Multi-service youth centers		
73. Multi-service youth centers		
74. Multi-service youth centers		
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76. Multi-service youth centers		
77. Multi-service youth centers		
78. Multi-service youth centers		
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90. Multi-service youth centers		
91. Multi-service youth centers		
92. Multi-service youth centers		
93. Multi-service youth centers		
94. Multi-service youth centers		
95. Multi-service youth centers		
96. Multi-service youth centers		
97. Multi-service youth centers		
98. Multi-service youth centers		
99. Multi-service youth centers		
100. Multi-service youth centers		

COLUMN I

LIST OF SERVICES

	<p><u>COLUMN II</u> If your ACS provides each service listed in Col. I, indicate which staff member regularly provides this service. Rate each service provided according to the following personnel code: 1 - ACS Officer 2 - Social Work Officer, if he is not ACS Officer 3 - Civilian Social Work Asst. or Relisted Case Aide 4 - Volunteer</p>	<p><u>COLUMN III</u> If your ACS provides each service listed in Col. I, who, in your opinion, uses this service the most? Rate each service using the following codes: 1 - AD Army Officer 2 - Officer's family 3 - Retd. Army Officer 4 - Retd. Officer's family 5 - AD Relisted Man 6 - Retd. Relisted Man's family 7 - Retd. Relisted Man 8 - Retd. Relisted Man's family</p>
	(Use only one code no. in Cols. I & II for each svc. in Col. I)	
65. Food freezer locker for food storage and distribution to persons in casualty or emergency situations		
66. Emergency relief in case of fire, theft, disaster; relief may be emergency clothing, housing, transportation, food, etc.		
67. Services concerning nursing homes		
68. Health education programs		
69. Pregnant wives group and activities		
70. Referrals for services		
71. Services to foreign-born wives		
72. Future citizens classes and counseling		
73. Interpreters for language problems		
74. Cultural, artistic, and organized educational and recreational activities for adults—single service-men, single service-women		
75. Foreign Wives group and activities		
76. Pre-retirement counseling		

COLUMN I

LIST OF SERVICES

	<p>Indicate the service which is being provided in Col. I, and to which staff member or members provides this service.</p> <p>Rate each service provided according to the following personnel code:</p> <p>1 - ACS Officer 2 - Social Work Officer, if he is not ACS Officer 3 - Civilian Social Work Asst. or Enlisted Case Aide 4 - Volunteer</p>	<p>Indicate the service which is being provided in Col. II, and to which staff member or members provides this service.</p> <p>Rate each service using the following codes:</p> <p>1 - AD Army Officer 2 - Officer's family 3 - Ret'd. Army Officer 4 - Ret'd. Officer's family 5 - AD Enlisted Man 6 - Enlisted Man's family 7 - Ret'd. Enlisted Man 8 - Ret'd. Enlisted Man's family</p>	<p>Indicate the service which is being provided in Col. III, and to which staff member or members provides this service.</p> <p>Rate each service using the following codes:</p> <p>1 - AD Army Officer 2 - Officer's family 3 - Ret'd. Army Officer 4 - Ret'd. Officer's family 5 - AD Enlisted Man 6 - Enlisted Man's family 7 - Ret'd. Enlisted Man 8 - Ret'd. Enlisted Man's family</p>
77. Involve users of services in policy formulation and determination	(Use only one code no. in Cols.	II & III for each svc. in Col. I	
78. Community planning for social services to help initiate new services and eliminate superfluous ones			
79. Community councils for coordinating of services available and provide information through publicity about these services. Provide an opportunity for representatives of the agencies delivering these services to get together and discuss mutual problems			
80. Information and referral service where a listing is kept of available social service agencies and basic information about them for referral purposes			
81. Fund raising for needed social services			
82. Local self-help programs and neighborhood mobilization associations—social action groups			
83. Training for volunteer leaders in youth activities, group organizations, etc.			
84. Adult volunteer training programs			
85. Volunteer Newsletter			

SPECIAL INSTRUCTIONS:

1. In helping Army families with the problems listed previously in this questionnaire and in providing the services listed previously, answer the questions on the following pages regarding the availability and degree of utilization by your ACS Center of other community welfare resources or services.
2. It is suggested that in responding to Column III you consider selected criteria upon which you might base your response-assessment of the adequacy of assistance provided by other Army/Civilian community welfare resources to you and Army personnel/families in working with their problems. Such criteria might be: scarcity of personnel, degree of training of welfare resource personnel, limitations in services provided as created by administrative directives, etc.
3. If you wish, you may consult with other members of your ACS Center Staff for assistance in completing this part of the questionnaire.

Please indicate below if:

_____ your responses represent staff consensus, or

_____ your responses are your own.

(Check one above.)

COLUMN I

LIST OF OTHER ARMY COMMUNITY WELFARE RESOURCES

COLUMN III 22.

Does each resource listed in Col. I exist on your post or installation?

Check either in YES, NO, or DONT KNOW column for each resource listed.

Assess the adequacy of assistance provided to you and Army Personnel/Students in working with their problems.

Rate each resource listed in Col. I according to the following scale:

- 1 - Not helpful
- 2 - Helpful
- 3 - Very helpful

Check appropriate column

	YES	NO	DONT KNOW			
				1	2	3
1. Local Army Hospital						
2. Social Work Service of local Army hospital						
3. Mental Hygiene Consultation Service						
4. Army Health Nurse						
5. Chaplains' services						
6. American Red Cross						
7. Army Emergency Relief						
8. Army Relief Society						
9. Office of Provost Marshall--Military Police						
10. Post/Installation Finance Office						
11. Services provided by Judge Advocate's Office						
12. Services provided by Inspector General's Office						
13. Services provided by Family Housing Office						
14. Civilian Personnel Office						
15. Post/Installation - Dependents' public schools						
16. Post/Installation Nursery Services						
17. Educational Services Center						
18. Post/Installation Youth Association, Club, or Organization						

LIST OF OTHER AFRICAN COMMUNITY WELFARE RESOURCES

Does each resource listed in Col. I exist on your post or installation?

Check either in YES, NO, or
DATA MISSING column for each
resource listed.

23.

Assess the adequacy of assistance provided to you and Army Personnel/Families in working with their problems.

Rate each resource listed in Col. 1 according to the following scale:

1 - Not helpful
2 - "helpful"
3 - "very" helpful

Check appropriate column

[illegible]

24.

COLUMN I

LIST OF CIVILIAN COMMUNITY WELFARE RESOURCES

COLUMN II

Is each resource listed in Col. I available in the local civilian community(ies) for your use?

COLUMN III

Assess the adequacy of assistance provided to you and try personnel/families in working with their problems.

Date each resource listed in Col. I according to the following scale:

1 - Not helpful
2 - Helpful
3 - Very helpful

Check appropriate column

	YES	NO	DONT KNOW	1	2	3
1. Public Welfare Agency						
2. Public assistance						
3. Child welfare services						
4. Child protective services						
5. Family counseling services						
6. Public Health Agency						
7. Public health services						
8. Public health nurse services						
9. Speech and hearing clinic						
10. Day-care service for physically handicapped						
11. Red Cross Chapter Agency						
12. Financial assistance services						
13. Services for military families						
14. Public General Hospital						
15. Private General Hospital						
16. Private Family Service Agency						
17. Marital counseling services						

Section I

LIST OF CIVILIAN COMMUNITY WELFARE RESOURCES

	Does this resource help you or someone you know with their problems?			Rate each resource listed in Col. 3 according to the following scale: 1 - Not helpful 2 - Helpful 3 - Very helpful Check appropriate column
	Yes	No	Don't Know	
19. Adoption services				
20. Private Child Guidance - Family Counseling Clinic				
21. Sectorian Family Agency				
22. Catholic Charities				
23. Jewish Family and Children's Services				
24. Lutheran Family and Children's Services				
Education				
25. Vocational guidance services				
26. Vocational rehabilitation services				
27. Public school counseling services				
28. Tutoring and remedial reading services				
29. School for deaf and hard of hearing				
30. School for the speech handicapped				
Mental Health				
31. Evaluation and diagnostic clinic				
32. Psychiatric and guidance clinic				
33. Special school for the emotionally disturbed				
34. Special school for the mentally retarded				

LIST OF CIVILIAN OCCUPANTS HELD BY RESISTANCE

26.

Improve the efficiency of assistance provided to you and your Personnel/Relatives in working with their problems.

Date each received listed in Col. Y according to the following scale:

1 - No: Holzau
2 - Holzau
3 - Ver: Holzau

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[illegible]

APPENDIX II

ARMY COMMUNITY SERVICE DOCUMENTS

Plan A--Development and Implementation
of ACS Program

Outline of Proposed Army Community
Service Program (ACS)

Suggested Organizational Chart (ACS)

Army Community Service Emblem

PLAN A--DEVELOPMENT AND IMPLEMENTATION
OF ACS PROGRAM

1. Purpose: To establish a sound, professionally-oriented organization for the initial development and implementation of an effective Army-wide Community Services Program in support of command efforts; to develop methods of achieving close coordination of existing military and civilian resources offering assistance in the resolution of personal and family problems of military personnel; to insure maximum utilization of professionally trained individuals within current personnel resources; and to achieve maximum training and utilization of volunteers in an effectively organized and operating program.

2. Benefits: To achieve the desired objectives of economy, efficiency, and effectiveness in an Army-wide community services program, close coordination of existing resources, and maximum utilization of qualified volunteers is essential. Benefits accruing from the establishment of a Pilot Project, based on these realities, are as follows:

(1) Projects will provide a valid testing of concepts, policies, and practices for the establishment of a sound program for Army-wide implementation.

(2) Provide services for a representative cross-section of military personnel.

(3) Provide an opportunity to evaluate the variety, complexity, and impact of problems existent among military personnel and their families.

(4) Produce an evaluation of the proposed program by six Post Commanders and their staffs.

3. Implementation:

a. Establishment:

(1) One pilot Army Community Services project to be designated the Ft. _____ Community Services activity will be established at a selected post within each Army area, beginning Fiscal Year 1965. The program will be supported for a minimum period of (12) months to assure adequate time for:

- (a) Necessary staff coordination
- (b) The development of Standard Operating Procedures

- (c) Accumulation of meaningful statistics
- (d) Assessment of the effectiveness of the program
- (e) Accumulation of experience factors for estimating costs for expanding operations

Upon completion of the Pilot Project, final evaluation will be made by representatives of the Department of Army, Army and local Commanders, and the civilian community most affected by the agency's operation.

Recommended sites for pilot projects, subject to approval of affected Army and Post Commanders, are as follows:

First U.S. Army	-- Fort Dix, N.J.
Second U.S. Army	-- Fort Knox, Kentucky
Third U.S. Army	-- Fort Benning, Georgia
Fourth U.S. Army	-- Ft. Hood, Texas
Fifth U.S. Army	-- Ft. Leonard Wood, Missouri
Sixth U.S. Army	-- Ft. Lewis, Washington

(2) Pilot project will be organized and operated within current Army personnel authorizations and will require allocation of the following "key personnel" spaces:

Officer

1. Lt. Col.--MSC--MOS 3606
2. Major/Capt.--(Branch Immaterial)--MOS 2260
3. Capt/Lt--MSC--MOS 3606
4. Enlisted/civilian--(1) E/6--MOS 716/916
(1) E/4--MOS 712-911

b. Organization and Functions:

(1) The Ft. _____ Community Services project will be organized as an operating agency under the general staff supervision of the G-1. Proposed organizational Chart is Fig. 2.

(2) Key personnel (reference para 3a(2)).

Project Director--(Lt. Col. MOS 3606, under general staff supervision of the G-1, will establish the structure of the pilot organization and maintain professional control of policy development and direction. The Project Director will be detailed GS with troops for the duration of the project. Specific qualifications and duties are outlined in Fig. 2.

Executive Projective Director--Under staff supervision of the Project Director is responsible for the direct supervision, and

administrative operation of the established project. Specific qualifications and duties are outlined in Fig. 2.

Professional Service--Officer--Will serve under the supervision of Executive Director. Qualifications and duties are outlined in Fig. 2.

Clerical Staff--A minimum of two (2) persons, enlisted or civilian, will be required to provide necessary clerical and administrative assistance to the Executive Director and the professional service officers.

(3) Staff Agency Personnel--Local commanders will designate staff agency representatives, as indicated, from within existing personnel resources. Since this agency is essentially a coordinating activity, staff agency personnel will continue to function within their assigned areas of responsibility. Designation as "points of contact" for the proposed agency will not materially affect present duty assignments. Representatives of the following staff agencies will constitute the operating staff of the Community Services Agency:

- (a) The Provost Marshal
- (b) The Chaplain
- (c) The Staff Judge Advocate (legal assistance officer)
- (d) Personal Affairs Officer
- (e) The Post Surgeon (Army Health Nurse)
- (f) American Red Cross
- (g) other staff agencies as indicated
- (h) all available qualified volunteers
- (i) Special Services Officer
- (j) AER Representative

(For Organizational Chart--see Fig. 3.)

(4) Volunteers--Maximum utilization of qualified volunteers is essential to the operation of the Pilot Project. Guidance in the development of specific duties and operational areas for volunteers will be supplied to the project Director by Department of Army.

(5) Facilities.

(a) The entire operating staff of the Ft. _____ Community Services Agency ideally should be located in the same building, wherever possible.

(b) Adequate space for administration, interviewing and reception activities should be provided.

(c) The Community Services Agency should be located in an area readily accessible to military families and active duty personnel. It should be clearly identified.

(d) New construction, or extensive alteration of existing construction, is not required. Minor alterations of facilities to accommodate this agency are encouraged under existing budgetary limitations.

OUTLINE OF PROPOSED ARMY COMMUNITY SERVICE PROGRAM (ACS)

PART I

1. Theme: Army Community Service (ACS) "A Program for Self-help, Service, and Stability."

2. Symbol: The use of a symbolic representation of the concept and philosophy of ACS in support of this theme is at Figure 1. The use of a meaningful symbol supported by the dissemination of information and appropriate publicity is considered the best method to insure world wide recognition on the part of the people who require the service. This symbol, adapted from one developed by US Army Social Work Officers several years past is used internally as their informal and unofficial symbol. This group has offered the emblem as being particularly appropriate to describe Army Community Service.

3. Objectives:

a. Establish at each post, camp, and station a centrally located, responsive, and recognizable service, which will provide information and guidance to assist members of the Army community in meeting personal and family problems beyond the scope of their own resources.

b. Reduce the man-hours consumed by commanders, staff officers and the individual soldier, in seeking appropriate sources of assistance to resolve complex, multi-faceted personal problems.

c. Increase retention of military personnel by providing a means to improve career satisfaction.

d. Enhance the Army's image at home and abroad by tangible evidence of concern with the humanitarian and personal aspects of Army life.

4. Services to be Rendered:

Dependent upon local needs the ACS activity might encompass information concerning availability of housing, medical and dental care, legal assistance, financial aid, and related matters, as well as assistance in finding resources for solution of more complex personal problems such as handicapped children or misbehavior of adolescents.

5. Eligibility:

a. Active duty Army personnel and dependents.

b. DA civilians overseas and dependents.

c. DA civilians and dependents in CONUS as determined by the local commanders.

d. Active duty personnel and dependents of Navy, Air Force, and Marines.

e. Retired personnel and dependents of all Armed Services.

6. Supervision and Responsibility:

a. General--Staff supervision of the Army Community Service Program is the responsibility of the Deputy Chief of Staff for Personnel, Department of the Army.

b. Major Commanders--Major commanders will assure the initiation of an Army Community Service Program within their command in accordance with Department of Army guidance and directives.

c. Local--As prescribed by the major commander the local commander is responsible for the operation of an Army Community Service activity commensurate with the mission, strength, needs and numbers of families within his area of responsibility.

7. Criteria for Establishment of ACS Activities:

a. CONUS

(1) All installations where 500 or more military personnel are assigned (see figure 2) and dependents may join them, will designate an officer within the G-1 or S-1 area as ACS officer. When feasible this position should be so identified in TD's and TOE's. This duty may be performed as a primary duty or as an additional duty dependent upon the requirements of the installation concerned. The functions of AER, Army Personal Affairs, Survivor Assistance Officer and Retired Affairs should be integrated with ACS activities, as local conditions permit.

(2) At installations where 2000 or more military personnel are assigned, and dependents may join them, an ACS activity will be established. At these installations, a Community Service Coordinator and such other personnel as authorized, will be assigned to operate the activity as a primary duty under the supervision of the designated Army Community Service Officer. A recommended organization for ACS activities is shown at Figure 2. Adherence to this recommended structure will insure coordinated staff action and utilization of all available resources for the benefit of Army personnel and their families. Consistent with local requirements an adjusted plan to insure centralized command control, ease of administration and maximum employment of volunteers may be developed.

8. Facilities and Funds

a. Facilities--It is highly desirable to maintain central facilities for the operation of the Army Community Service Program. New construction for this purpose is not required. When feasible the service should be operated near or in conjunction with appropriate staff agencies. Suitable facilities for volunteer activities and reception of families should be provided.

b. Funds--Special fund accounts for operation of ACS are not authorized. The following sources of funds may be used in support of program activities.

(1) Appropriated Funds

(a) Costs of maintenance and operation of ACS facilities.

(b) Military and Civilian personnel costs.

(c) Travel and transportation allowances for ACS military supervisors in direct support of the program.

(2) Nonappropriated Funds--Nonappropriated funds may be used to supplement appropriated funds in support of the ACS program as authorized in AR 230-10.

(3) Miscellaneous Funds--Voluntary contributions of funds or support in kind may be accepted from personnel who may benefit from the program, as the commander desires. Such contributions should be limited to purchase of household equipment for lending closets, scholarship grants, improvements to the ACS center, and similar purposes.

9. Implementation Plan Schedule

a. Chief of Staff--Dispatch of letter (Inclosure 3) announcing program.

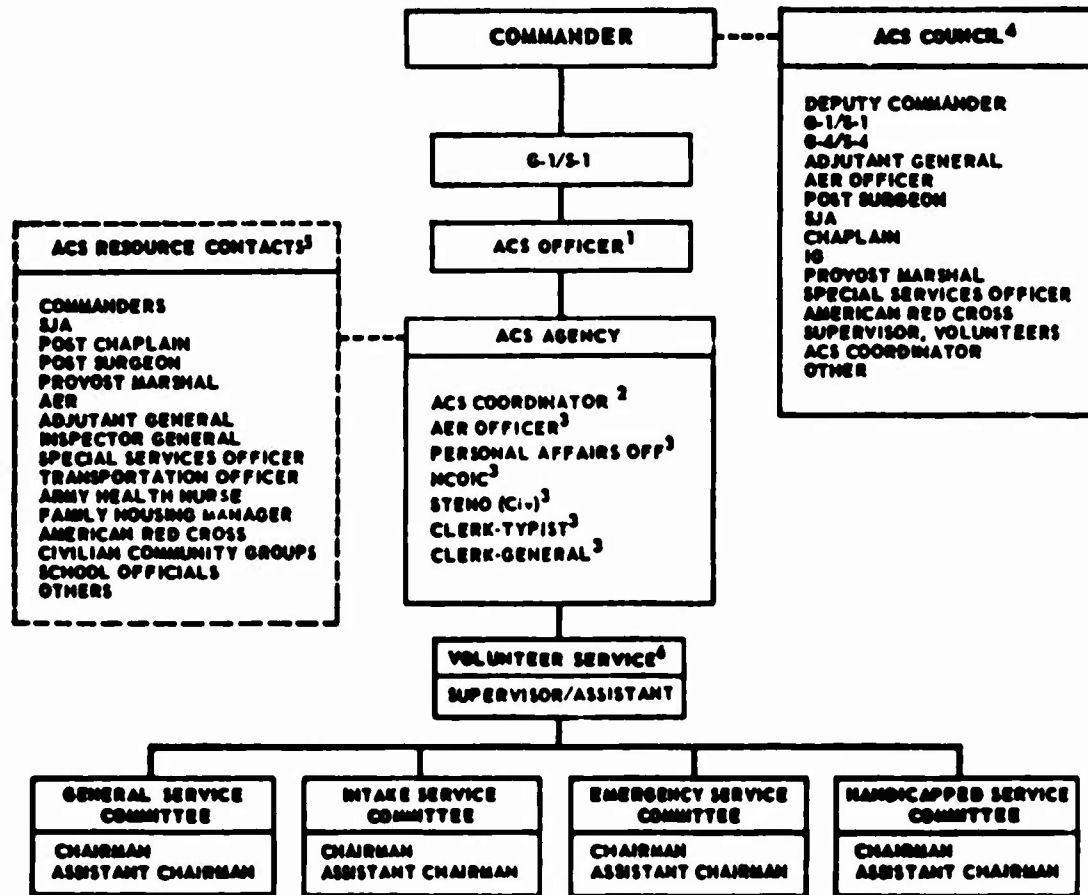
b. DCSPER--Implementing instructions of DA letter to field.

c. Publicity.

d. Promulgation of appropriate regulation or circular.

e. DA staff visits to promote interest and acceptance of program.

**SUGGESTED ORGANIZATIONAL CHART
ARMY COMMUNITY SERVICE (ACS)**



- NOTE**
1. Designated responsibility of each installation where 500 or more military personnel are assigned and dependents may join.
 2. Assigned primary duty of each installation where 3,000 or more military personnel are assigned and dependents may join.
 3. Optional personnel. Functions or positions which may be added, deleted, or combined as local requirements and resources permit.
 4. As desired by command.
 5. Suggested resource contacts for services and assistance.
 6. As determined by command.

ARMY COMMUNITY SERVICE EMBLEM

Theme: 'Self-Help, Service, and Stability'

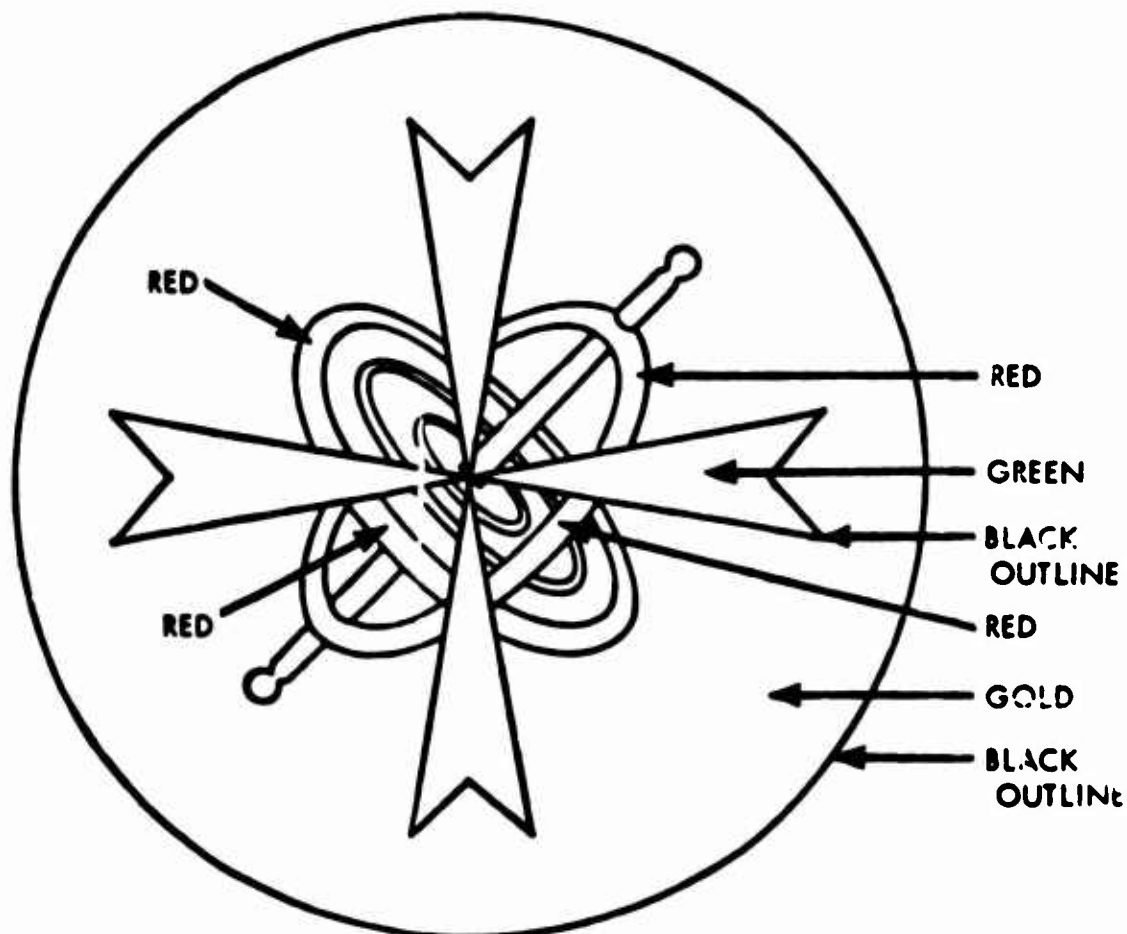


Figure 1.

(AUSA) The emblem represents the Cross, the Cross symbol, and the Heart symbol combined with the giving of such-hearted help and stability. The image of the cross is taken from an organization whose purpose, among other things, is to provide help for sick and needy persons during the Middle Ages. This may have been the first organized program of individualized relief services in relation to the armed forces. The cross is devoted for help, the cross symbol is devoted for reputation and stability, are combined with a heart to reflect the program as a living, continuing force in the lives of Army personnel and their dependents. The color of the Army green uniform and the gold of the cross and insignia are combined in the emblem. The full circle represents the whole, or the Army Community.

APPENDIX III

TABLES 22-26

LIST OF PROBLEMS

- | | |
|--|--|
| 1. Non-support | 21. Child--Slow learner |
| 2. Indebtedness | 22. Child--Exceptional, gifted |
| 3. Inadequate income | 23. Adult--Hearing defect |
| 4. Poor buying practices | 24. Child--Hearing defect |
| 5. Lack of quarters on post | 25. Adult--Speech defect |
| 6. Lack of housing off post | 26. Child--Speech defect |
| 7. Inadequate quarters | 27. Adult--Disability |
| 8. Relocation | 28. Child--Disability |
| 9. Loss or lack of household goods | 29. Adult--Loss of job |
| 10. Lack of necessary transportation means | 30. Marital conflict |
| 11. Personality adjustment problem of child under 13 | 31. Divorce |
| 12. Personality adjustment problem of an adolescent | 32. Desertion |
| 13. School adjustment problem in child or adolescent | 33. Separation due to marital conflict |
| 14. Parent-child conflict | 34. Separation due to husband's military assignment |
| 15. Unmarried parenthood | 35. Unwanted pregnancy |
| 16. Juvenile delinquency | 36. Inability to have children |
| 17. Adolescent drug use | 37. Child neglect |
| 18. Adolescent school drop-outs | 38. Child abuse |
| 19. Adult--Mental retardation | 39. Child separation from family |
| 20. Child--Mental retardation | 40. Problems related to lack of substitute care for children |

41. Problems related to lack of day care facilities for children of working mothers
42. Displaced families
43. Loss of normal social contacts
44. Family breakdown
45. Misplaced persons
46. Lack of identification cards
47. Inadequate or lack of family recreational facilities
48. Lack of homemaker service
49. Lack of organized group activities for youth
50. Casualty--emergency
51. Individual personality adjustment problem of an adult
52. Old age
53. Diseases of infancy and pregnancy
54. Alcoholism
55. Citizenship problems
56. Language problems
57. Single servicemen
58. Single servicewomen
59. Foreign-born wives
60. Unemployment
61. Uncoordinated services
62. Agency lacks service needed by military family

TABLE 22

ACS OFFICERS' RATINGS OF PROBLEMS EXPERIENCED AND BROUGHT TO
ACS CENTERS MOST AND LEAST OFTEN BY CLIENT TYPES
N=36

		Composite Rating ^a for Client Types					Mean Rating ^c (F)
Social Welfare Problems		Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating ^b (E)	
1.	.	10	27	28	103	168	42.00
2.	.	15	18	99	84	216	54.00
3.	.	5	11	88	79	183	45.75
4.	.	9	15	86	72	182	45.50
5.	.	39	32	72	71	214	53.50
6.	.	31	34	73	67	205	51.25
7.	.	11	13	39	38	101	25.25*
8.	.	23	28	59	60	170	42.50
9.	.	50	57	76	66	249	62.25
10.	.	7	10	47	54	118	29.50*
11.	.	11	23	23	40	97	24.25*
12.	.	14	23	25	37	99	24.75*
13.	.	13	19	27	34	93	23.25*
14.	.	13	20	28	36	97	24.25*
15.	.	3	6	21	22	52	13.00
16.	.	6	11	11	21	49	12.25

TABLE 22--Continued

		Composite Rating ^a for Client Types					Mean Rating ^c (F)
Social Welfare Prob'ems		Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating ^b (E)	
17.	.	3	5	4	11	23	5.75
18.	.	4	5	10	17	36	9.00
19.	.	5	6	7	10	28	7.00
20.	.	21	30	24	37	112	28.00*
21.	.	13	25	16	27	81	20.25*
22.	.	2	4	3	4	13	3.25
23.	.	3	4	4	4	15	3.75
24.	.	7	15	13	17	52	13.00
25.	.	3	5	3	6	17	4.25
26.	.	8	13	12	18	51	12.75
27.	.	7	8	9	11	35	8.75
28.	.	7	11	12	17	47	11.75
29.	.	3	4	7	14	28	7.00
30.	.	12	23	45	54	134	33.50*
31.	.	7	15	26	33	81	20.25*
32.	.	5	6	27	39	77	19.25
33.	.	10	13	31	38	92	23.00*
34.	.	19	35	38	70	162	40.50
35.	.	2	4	8	14	28	7.00
36.	.	4	4	5	7	20	5.00

TABLE 22--Continued

Social Welfare Problems	Composite Rating ^a for Client Types					
	Army Off. AD (A)	Army Off. Dep. (B)	Army EM AD (C)	Army EM Dep. (D)	Total Rating ^b (E)	Mean Rating ^c (F)
37.	6	8	18	29	61	15.25
38.	4	7	18	25	54	13.50
39.	4	5	11	16	36	9.00
40.	8	10	21	26	65	16.25
41.	7	12	16	30	65	16.25
42.	5	8	20	32	65	16.25
43.	10	6	10	22	48	12.00
44.	19	11	27	38	95	23.75*
45.	2	3	6	15	27	6.75
46.	4	34	36	67	141	35.25
47.	6	2	5	6	19	4.75
48.	1	11	17	26	58	14.50
49.	4	5	4	9	22	5.50
50.	8	25	37	45	115	28.75*
51.	7	11	20	34	72	18.00
52.	6	4	3	6	19	4.75
53.	4	12	11	21	48	12.00
54.	5	8	16	23	52	13.00
55.	2	17	22	42	83	20.75*
56.	18	15	13	36	82	20.50*
57.	2	1	11	2	17	4.25
58.	9	1	9	5	24	6.00

TABLE 22--Continued

Social Welfare Problems	Composite Rating ^a for Client Types					
	Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating ^b (E)	Mean Rating ^c (F)
59..	2	12	6	25	45	11.25
60..	0	11	14	38	63	15.75
61..	10	12	24	26	72	18.00
62..	13	15	22	26	76	19.00
Total	574	848	1523	2003	4948	
Mean	9.23	13.68	24.56	32.31		
Client Type Rated Highest:	EM Dependents--2003					
Client Type Rated Lowest:	Army Officer AD--574					
Total Mean Rating	.19.95 ^d					

Notes:

Tables 22-26, abbreviations used have the following meaning:

Army Off. AD--Officer, active duty

Army Off. Deps.--Officer dependents

Army EM AD--Enlisted Man, active duty

Army EM Deps.--Enlisted Man dependents

Ratings marked with asterisk are equal to or greater than the total mean rating.

Ratings underlined are the ten highest ratings above the total mean rating.

^aThe respondents used the following rating scale (or categories) to indicate how often the four client types brought each of the listed problems to ACS centers for assistance:

0--Never;

1--Seldom, i.e., one to three times a month;

2--Sometimes, i.e., four to six times a month;

3--Often, i.e., seven to nine times a month; and

4--Very Often, i.e., 10 or more times a month.

The figures reported in columns A, B, C, and D represent the total ratings made by all respondents (N) for each problem experienced by each client type.

TABLE 22--Continued

^bTotal rating is equal to the sum of columns A, B, C, and D.

^cMean rating is equal to the value of column E divided by four.

^dTotal mean rating is equal to the overall total rating divided by 248 (62 services multiplied by 4 client types); this mean rating is referred to as the mean of oftenest.

TABLE 23
OTHER OFFICERS' RATINGS OF PROBLEMS EXPERIENCED AND BROUGHT TO ACS
CENTERS MOST AND LEAST OFTEN BY CLIENT TYPES
N=4

		Composite Ratings ^a for Client Types					Mean Rating ^c (F)
Social Welfare Problems		Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating ^b (E)	
1.	.	0	4	0	10	14	3.50*
2.	.	1	4	9	13	24	6.00
3.	.	0	1	13	14	28	<u>7.00</u>
4.	.	1	3	10	9	23	<u>5.75</u>
5.	.	6	6	12	12	36	9.00
6.	.	5	5	8	8	26	<u>6.50</u>
7.	.	3	3	5	3	14	<u>3.50*</u>
8.	.	3	3	8	10	24	6.00
9.	.	6	6	9	9	30	7.50
10.	.	3	3	6	6	18	<u>4.50*</u>
11.	.	4	7	4	8	23	5.75
12.	.	3	6	3	6	18	<u>4.50*</u>
13.	.	2	4	3	6	15	3.75*
14.	.	5	4	6	6	21	5.25
15.	.	0	0	3	3	6	<u>1.50</u>
16.	.	2	3	4	4	13	3.25*
17.	.	0	0	2	2	4	1.00
18.	.	1	1	2	2	6	1.50
19.	.	1	1	1	1	4	1.00
20.	.	7	8	8	9	32	<u>8.00</u>

TABLE 23--Continued

		Corporate Ratings ^a for Client Types					Mean Rating ^c (F)
Social Welfare Problems		Army Off. AD (A)	Army Off. Deps. (B)	Army Ex AD (C)	Army Ex Deps. (D)	Total Rating (E)	
21.	.	4	6	5	7	22	5.50
22.	.	3	2	2	2	9	3.00
23.	.	0	0	0	0	0	0
24.	.	2	2	2	2	8	2.00
25.	.	2	2	2	2	8	2.00
26.	.	4	4	3	4	15	3.75*
27.	.	1	1	2	2	6	1.50
28.	.	4	4	4	5	17	4.25*
29.	.	2	1	3	3	9	2.25
30.	.	4	4	9	7	24	6.00
31.	.	3	3	5	4	15	3.75*
32.	.	1	0	5	4	10	2.50
33.	.	5	3	6	5	19	4.75
34.	.	5	7	5	7	24	6.00
35.	.	1	1	1	1	4	1.00
36.	.	1	1	1	1	4	1.00
37.	.	1	0	2	2	5	1.25
38.	.	1	0	3	2	6	1.50
39.	.	1	1	2	2	6	1.50
40.	.	0	1	0	2	3	1.00

TABLE 23--Continued

		Composite Rating ^a for Client Types					
Social Welfare Problems		Army Off. AD (A)	Army Off. Dep. (B)	Army EM AD (C)	Army EM Dep. (D)	Total Rating ^b (E)	Mean Rating ^c (F)
41.	.	3	3	3	4	13	3.25*
42.	.	2	2	1	0	5	1.25
43.	.	1	4	3	2	10	2.50
44.	.	1	2	3	4	10	2.50
45.	.	5	1	1	8	15	3.75*
46.	.	1	4	4	3	12	3.00
47.	.	0	0	0	0	0	0
48.	.	0	1	2	0	3	.75
49.	.	2	4	3	3	12	3.00
50.	.	2	2	5	2	11	2.75
51.	.	1	3	2	1	7	1.75
52.	.	0	0	0	2	2	.50
53.	.	2	2	2	1	7	1.75
54.	.	2	2	4	2	10	2.50
55.	.	3	6	3	2	14	3.50*
56.	.	1	2	1	1	5	1.25
57.	.	1	0	3	1	5	1.25
58.	.	2	0	3	1	6	1.50
59.	.	1	2	2	3	8	2.00
60.	.	0	2	0	1	3	.75
61.	.	0	1	1	3	5	1.25

TABLE 23--Continued

Social Welfare Problems		Composite Rating ^a for Client Types					
		Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating ^b (E)	Mean Rating ^c (F)
62.	.....	1	2	2	2	7	1.75
Total.	.....	129	157	228	254	768	
Mean	.....	2.08	2.53	3.68	4.10		
Client Type Rated Highest: EM Dependents--254							
Client Type Rated Lowest: Army Officer AD--129							
Total Mean Rating 3.10 ^d							

TABLE 24
CIVILIAN PERSONNEL AND ENLISTED MEN'S RATINGS OF PROBLEMS EXPERIENCED AND
BROUGHT TO ACS CENTERS MOST AND LEAST OFTEN BY CLIENT TYPES
N=26

		Composite Rating for Client Types					
Social Welfare Problems		Army Off. AD (A)	Army Off. Dep. (B)	Army EM AD (C)	Army EM Dep. (D)	Total Rating (E)	Mean Rating (F)
1.	.	2	15	14	54	85	21.25
2.	.	11	10	59	61	141	35.25
3.	.	2	7	50	61	120	30.00
4.	.	8	9	47	46	110	27.50
5.	.	13	5	38	28	84	21.00*
6.	.	14	7	39	32	92	23.00
7.	.	4	1	22	19	46	11.50*
8.	.	14	14	28	35	91	22.75
9.	.	35	28	47	41	151	37.75
10.	.	13	17	22	29	81	20.25*
11.	.	3	9	15	23	50	12.50*
12.	.	4	7	7	15	33	8.25
13.	.	3	6	6	13	28	7.00
14.	.	5	7	12	16	40	10.00
15.	.	4	5	8	6	23	5.75
16.	.	3	6	11	14	34	8.50
17.	.	0	1	0	2	3	.75
18.	.	2	2	3	7	14	3.50

TABLE 24--Continued

Composite Rating for Client Types						
Social Welfare Problems	Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating (E)	Mean Rating (F)
19.	1	4	3	5	13	3.25
20.	7	17	8	23	55	13.75*
21.	3	8	6	15	32	8.00
22.	1	3	1	3	8	2.00
23.	0	2	2	2	6	1.50
24.	1	4	2	7	14	3.50
25.	0	0	0	1	1	.25
26.	1	5	3	12	21	5.25
27.	2	3	3	5	13	3.25
28.	2	6	3	8	19	4.75
29.	0	2	4	3	9	2.25
30.	10	13	33	30	86	<u>21.50</u>
31.	3	10	19	25	57	14.25*
32.	4	5	17	28	54	13.50*
33.	5	13	22	32	72	18.00*
34.	12	24	28	55	119	<u>29.75</u>
35.	0	0	5	7	12	3.00
36.	1	0	2	5	8	2.00
37.	1	2	11	17	31	7.75
38.	1	2	12	14	29	7.25

TABLE 2a --Continued

		Composite Rating for Client Types				
Social Welfare Problems		Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating (E)
						Mean Rating (F)
39.	.	1	0	2	5	8
40.	.	2	5	11	16	34
41.	.	1	3	5	15	24
42.	.	2	4	17	19	42
43.	.	2	4	5	9	30
44.	.	2	6	11	17	36
45.	.	0	0	4	5	9
46.	.	8	22	21	44	95
47.	.	0	1	1	5	7
48.	.	1	5	2	13	21
49.	.	0	2	1	5	8
50.	.	2	9	17	30	58
51.	.	2	8	11	18	39
52.	.	1	2	1	3	7
53.	.	0	2	3	7	12
54.	.	3	2	14	9	28
55.	.	4	14	9	26	53
56.	.	2	5	5	20	32
57.	.	0	0	3	0	3
58.	.	0	0	1	0	1
						13.25*
						8.00
						.75
						.25
						23.75
						14.50*
						9.75
						1.75
						3.00
						7.00
						13.25*
						8.00
						.75
						.25

TABLE 24--Continued

		Composite Rating for Client Types				
Social Welfare Problems	Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating (E)	Mean Rating (F)
59.	4	9	7	15	35	8.75
60.	5	10	1	25	41	10.25
61.	4	6	9	12	31	7.75
62.	4	6	13	18	41	10.25
Total.	244	404	789	1138	2575	
Mean	3.94	6.51	12.73	18.35		
Client Type Rated Highest: EM Dependents--1138						
Client Type Rated Lowest: Army Officer AD--244						
Total Mean Rating 10.38						

TABLE 25

VOLUNTEER COORDINATORS/DIRECTORS RATINGS OF PROBLEMS EXPERIENCED AND
BROUGHT TO ACS CENTERS MOST AND LEAST OFTEN BY CLIENT TYPES
N=24

Social Welfare Problems	Composite Rating for Client Types					
	Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating (E)	Mean Rating (F)
1.	3	8	11	31	53	13.25*
2.	6	8	35	36	85	21.25
3.	3	3	24	26	56	14.00*
4.	3	4	22	25	54	13.50*
5.	19	17	30	28	94	23.50
6.	19	13	32	31	95	23.75
7.	11	14	21	21	67	16.75
8.	15	12	23	19	69	17.25
9.	24	30	34	37	125	31.25
10.	7	12	16	24	59	14.75
11.	12	12	19	20	63	15.75
12.	11	15	17	17	60	15.00
13.	10	13	17	17	57	14.25*
14.	7	12	12	16	47	11.75*
15.	0	0	5	5	10	2.50
16.	7	8	11	14	40	10.00*

TABLE 25--Continued

Composite Rating for Client Types						
Social Welfare Problems	Army Off. AD (A)	Army Off. Deps. (B)	Army BM AD (C)	Army Em. Deps. (D)	Total Rating (E)	Mean Rating (F)
17.	4	4	3	4	15	3.75
18.	4	5	10	10	29	7.25
19.	3	5	6	6	20	5.00
20.	12	16	18	18	64	16.00
21.						
22.	8	15	13	18	54	13.50*
23.	4	5	4	5	18	4.50
24.	1	3	3	4	11	2.75
25.	10	13	12	15	50	12.50*
26.						
27.	2	3	3	4	12	3.00
28.	9	12	11	15	47	11.75*
29.	1	1	3	3	8	2.00
30.	8	10	10	13	41	10.25*
31.						
32.	0	0	3	6	9	2.25
33.	7	9	20	23	59	14.75
34.	5	6	13	14	38	9.50*
35.	1	2	12	13	28	7.00
36.						
37.	4	4	15	12	35	8.75
38.	6	15	16	23	60	15.00
39.	1	3	3	5	12	3.00
40.	1	2	1	1	5	1.25

TABLE 25--Continued

Social Welfare Problems	Composite Rating for Client Types					
	Army Off. AD (A)	Army Off. Dep. (B)	Army EM AD (C)	Army EM Dep. (D)	Total Rating (E)	Mean Rating (F)
37.	2	7	9	13	31	7.75
38.	4	4	9	11	28	7.00
39.	2	3	7	7	19	4.75
40.	6	12	9	15	42	10.50*
41.	1	5	2	8	16	4.00
42.	3	6	9	14	32	8.00
43.	4	5	5	6	20	5.00
44.	5	5	12	13	35	8.75
45.	2	2	4	2	10	8.75
46.	6	13	9	25	53	13.25*
47.	1	4	2	5	12	3.00
48.	6	6	7	8	27	6.75
49.	1	3	2	4	10	2.50
50.	9	13	14	20	56	14.00*
51.	4	7	6	9	26	6.50
52.	1	1	1	1	4	1.00
53.	1	2	3	4	10	2.50
54.	2	2	7	7	18	4.50
55.	4	10	9	18	41	10.25*
56.	4	10	9	13	41	10.25*

TABLE 25--Continued

Social Welfare Problems	Composite Rating for Client Types					
	Army Off. AD (A)	Army Off. Dep. (B)	Army EM AD (C)	Army EM Dep. (D)	Total Rating (E)	Mean Rating (F)
57.	1	1	1	1	4	1.00
58.	1	1	1	1	4	1.00
59.	1	5	2	6	14	3.50
60.	3	7	6	10	26	6.50
61.	3	6	5	3	17	4.25
62.	4	4	7	8	23	5.75
Total.	329	458	665	816	2268	
Mean	5.31	7.39	10.73	13.16		
Client Type Rate Highest: EM Dependents--816						
Client Type Rated Lowest: Army Officer AD--329						
Total Mean Rating. 9.15						

TABLE 26

SOCIAL WORK OFFICERS' RATINGS OF PROBLEMS EXPERIENCED AND BROUGHT
TO ACS CENTERS MOST AND LEAST OFTEN BY CLIENT TYPES

Social Welfare Problems	Composite Rating for Client Types					
	Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating (E)	Mean Rating (F)
1.	0	5	4	28	37	9.25*
2.	3	4	24	25	56	14.00
3.	0	0	20	23	43	10.75
4.	0	1	21	22	44	11.00
5.	0	4	10	11	25	6.25*
6.	5	5	12	13	35	8.75*
7. . . . .	..	..	10	11	21	5.25
8.	10	12	14	16	52	13.00
9.	16	16	20	20	72	18.00
10.	1	3	12	16	32	8.00*
11.	6	8	14	16	44	11.00
12.	6	8	15	17	46	11.50
13.	6	8	14	16	44	11.00
14.	6	7	12	13	38	9.50
15.	0	0	4	7	11	2.75
16.	2	3	9	12	26	6.50*
17.	0	1	3	6	10	2.50
18.	0	0	5	7	12	3.00

TABLE 26--Continued

Composite Rating for Client Types						
Social Welfare Problems	Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating (E)	Mean Rating (F)
19.	1	3	2	5	11	2.75
20.	7	9	8	11	35	8.75*
21.	3	6	7	10	26	6.50*
22.	1	3	1	3	8	2.00
23.	1	2	2	1	6	1.50
24.	2	6	2	8	18	4.50
25.	1	1	2	1	5	1.25
26.	4	6	6	9	25	6.25*
27.	0	2	3	4	9	2.25
28.	2	5	3	7	17	4.25
29.	0	0	0	0	0	0
30.	5	8	15	29	57	14.25*
31.	3	6	10	14	33	8.25*
32.	0	1	6	10	17	4.25
33.	3	4	13	17	37	9.25*
34.	6	12	10	20	48	12.00
35.	0	0	1	3	4	1.00
36.	0	1	1	3	5	1.25
37.	4	5	9	11	29	7.25*
38.	1	2	7	9	19	4.75
39.	1	2	3	8	14	3.50
40.	3	5	6	9	23	5.75

TABLE 26--Continued

Social Welfare Problems		Composite Rating for Client Types					Mean Rating (F)
		Army Off. AD (A)	Army Off. Deps. (B)	Army EM AD (C)	Army EM Deps. (D)	Total Rating (E)	
41.	.	1	3	4	9	17	4.25
42.	.	0	1	5	11	17	4.25
43.	.	0	2	2	9	13	3.25
44.	.	3	6	11	14	34	8.50*
45.	.	0	0	0	0	0	0
46.	.	8	4	12	19	43	10.75
47.	.	0	2	0	3	5	1.25
48.	.	2	4	5	10	21	5.25
49.	.	0	3	1	5	9	2.25
50.	.	7	12	10	12	41	10.25
51.	.	2	2	9	6	19	4.75
52.	.	0	1	1	1	3	.75
53.	.	0	1	0	2	3	.75
54.	.	0	1	6	7	14	3.50
55.	.	2	5	4	7	18	4.50
56.	.	0	6	0	8	14	3.50
57.	.	0	0	0	0	0	0
58.	.	0	1	0	1	2	.50
59.	.	0	1	1	4	6	1.50
60.	.	0	2	3	9	14	3.50

TABLE 26--Continued

Social Welfare Problems	Composite Rating for Client Types					
	Army Off. AD (A)	Army Off. Dep. (B)	Army EM AD (C)	Army EM Dep. (D)	Total Rating (E)	Mean Rating (F)
61.	4	4	7	10	25	6.25
62.	3	3	6	8	20	5.00
Total . . .	141	238	427	627	1433	
Mean . . .	2.27	3.84	6.89	10.11		
Client Type Rated Highest: EM Dependents--627						
Client Type Rated Lowest: Army Officer AD--141						
Total Mean Rating. 5.78						

APPENDIX IV

TABLES 28-30

LIST OF SOCIAL WELFARE SERVICES

1. Financial assistance in the form of loans
2. Consumer-buying counseling
3. Credit counseling
4. Services related to post-installation housing
5. Arrange temporary housing for transients, new arrivals, etc.
6. Off-post/installation housing referral service
7. Relocation assistance and counseling: for arriving and departing personnel and dependents
8. Central clearance office for departing personnel-families
9. Registering incoming-arriving personnel and families
10. Lending closet
11. Emergency transportation
12. Casework counseling
13. Adoption counseling and arrangements
14. Placement of unwed mother in unwed mother home
15. Treatment for children and teen-agers with social problems as delinquency, drug-use, drop-outs, etc.
16. Sheltered workshops
17. Resource file and referral assistance regarding resources for mentally handicapped
18. Special education for the mentally retarded
19. Group discussion meetings for parents of mentally retarded children
20. Recreation programs for mentally retarded children
21. Day camp for mentally retarded children

22. Educational guidance counseling
23. Education for special groups as the slow-learner, gifted child, pre-school child, etc.
24. Resource file and referral assistance regarding resources for physically handicapped
25. Rehabilitation services for persons suffering from a disability or severe limiting illness
26. Provide appliances for the handicapped, such as wheel chairs, walkers, hearing aids, etc.
27. Transportation and escorter service for the handicapped
28. Assistance related to Veteran Administration benefits
29. Group discussion meetings for parents of handicapped children
30. Recreation programs for physically handicapped children
31. Day camp services for physically handicapped children
32. Vocational guidance
33. Employment service
34. Marriage counseling
35. Legal assistance
36. Waiting-wives assistance (e.g., home maintenance class, auto maintenance class, etc.)
37. Waiting-wives program-activities
38. Waiting Wives Bulletin
39. Family planning
40. Adoption counseling arrangements
41. Parent-child counseling
42. Child protective services
43. Emergency-temporary child care
44. Foster home finding and related counseling

45. Baby-sitting service where a reference file of available sitters is maintained and sitting is also provided
46. Day care center for children
47. Friendly visiting for persons confined at home; may encompass writing letters, grocery shopping, performing errands, etc.
48. Army-life orientation courses for junior Officer and junior Enlisted wives
49. Welcoming services--home visiting
50. Post/installation and civilian community orientation sessions for newly-arrived dependents
51. Programs encouraging broader participation of residents in Army community agencies
52. Family counseling
53. Programs aimed at strengthening family life
54. Education for family living
55. Relocation assistance and services
56. Securing dependent ID cards
57. Cultural, artistic, and organized educational activities
58. Family recreational programs
59. Homemaker services and assistance
60. Youth clubs and youth group activities
61. Summer camps
62. Multi-service youth centers
63. Assistance to next of kin in casualty situations
64. Counseling for widows and children of deceased servicemen
65. Food freezer locker for food storage and distribution to persons in casualty or emergency situations
66. Emergency relief in case of fire, theft, disaster; relief may be emergency clothing, housing, transportation, food, etc.

67. Services concerning nursing homes
68. Health education programs
69. Pregnant Wives group and activities
70. Referrals for services
71. Services to foreign-born wives
72. Future citizens classes and counseling
73. Interpreters for language problems
74. Cultural, artistic, and organized educational and recreational activities for adults--single servicemen, single servicewomen
75. Foreign Wives Group and activities
76. Pre-retirement counseling
77. Involve users of services in policy formulation and determination
78. Community planning for social services to help initiate new services and eliminate superfluous ones
79. Community councils for coordinating of services available and provide information through publicity about these services. Provide an opportunity for representatives of the agencies delivering these services to get together and discuss mutual problems
80. Information and referral service where a listing is kept of available social service agencies and basic information about them for referral purposes
81. Fund raising for needed social services
82. Local self-help programs and neighborhood mobilization associations--social action groups
83. Training for volunteer leaders in youth activities, group organizations, etc.
84. Adult volunteer training programs
85. Volunteer Newsletter

TABLE 28
SOCIAL WELFARE SERVICES PROVIDED BY ACS CENTERS AS REPORTED BY ACS OFFICERS

		Svc. Delivery Status Reported By:									
		ACSO-SWO N=20				ACSO-Non SWO N=16				Total N=36	
Social Welfare Services		Svc. Provided?		No, but should		Svc. Provided?		No, but should		Svc. Provided?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes		No, but should		Yes		No, but should		Yes	
1.	.	16	3	1	3	13	3	..	6	29	1
2.	.	11	5	4	7	7	7	2	12	18	6
3.	.	15	2	3	2	12	2	2	4	27	5
4.	.	13	5	2	3	12	3	1	8	25	3
5.	.	12	5	3	7	9	7	..	12	21	3
6.	.	8	9	3	3	11	3	2	12	19	5
7.	.	18	2	..	1	14	1	1	3	32	1
8.	.	7	8	5	6	7	6	3	14	14	8
9.	.	11	4	5	3	10	3	3	7	21	8
10.	.	20	..	..	1	15	1	..	1	35	..
11.	.	17	2	1	1	13	1	2	3	30	3
12.	.	18	1	1	3	13	3	..	4	31	1
13.	.	7	12	1	8	6	8	2	20	13	3
14.	.	5	13	2	9	6	9	1	22	11	3
15.	.	10	9	1	11	5	11	..	20	15	1
16.	.	1	18	1	13	3	13	..	31	4	1
17.	.	18	2	..	3	13	3	..	5	31	..
18.	.	5	14	1	8	6	8	2	22	11	3

TABLE 28--Continued

		Svc. Delivery Status Reported By:									
		ACSO-SWO N=20				ACSO-Non SWO N=16				Total N=36	
Social Welfare Services		Svc. Provided?		Svc. Provided?		Svc. Provided?		Svc. Provided?		Svc. Provided?	
		Yes		No, but Should		Yes		No, but Should		Yes	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
19.	...	8	7	5	10	4	10	2	17	12	7
20.	...	5	8	7	11	2	11	3	19	7	10
21.	...	5	9	6	11	2	11	3	20	7	9
22.	...	4	16	..	6	9	6	1	22	13	1
23.	...	6	13	1	11	2	11	3	24	8	4
24.	...	19	1	..	2	14	2	..	3	33	..
25.	...	1	18	1	11	2	11	3	29	3	4
26.	...	1	18	1	12	3	12	1	30	4	2
27.	...	11	7	2	6	7	6	3	13	18	5
28.	...	12	7	1	3	13	3	..	10	25	1
29.	...	9	8	3	10	3	10		18	12	6
30.	...	5	9	6	10	5	10	5	19	6	9
31.	...	5	10	5	11	1	11	4	21	6	9
32.	...	5	15	..	10	4	10	2	25	9	2
33.	...	7	12	1	7	8	7	1	19	15	2
34.	...	18	1	1	7	7	7	2	8	25	3
35.	...	3	17	..	9	6	9	1	26	5	1
36.	...	14	3	3	7	9	7	..	10	25	3
37.	...	14	5	1	3	12	3	1	8	26	2
38.	...	13	4	3	4	11	4	1	8	24	4

TABLE 28--Continued

		Svc. Delivery Status Reported By:									
		ACSO-SWO N=20				ACSO-Non SWO N=16				Total N=36	
Social Welfare Services		Svc. Provided?		No, but Should		Svc. Provided?		No, but Should		Svc. Provided?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Should		Should		Should		Should		Should	
39.	.	4	14	3	5	10	1	9	24	3	
40.	.	..	..	..	..	..	..	..	..	..	..
41.	.	18	2	..	6	9	1	24	11	..	..
42.	.	13	7	..	5	10	1	18	17	1	1
43.	.	18	2	..	11	3	2	29	5	2	2
44.	.	7	13	..	7	8	1	14	21	1	1
45.	.	16	2	2	12	2	2	28	4	4	4
46.	.	3	15	2	3	11	2	6	26	4	4
47.	.	4	9	7	7	7	2	11	16	9	9
48.	.	4	8	8	9	4	3	13	12	11	11
49.	.	12	3	5	8	6	2	20	9	7	7
50.	.	8	5	7	8	4	4	16	9	11	11
51.	.	11	2	7	11	3	2	22	5	9	9
52.	.	15	2	3	10	5	1	25	7	4	4
53.	.	8	5	7	8	6	2	16	11	9	9
54.	.	6	8	6	5	8	3	11	16	9	9
55.	.	..	..	..	..	..	..	..	..	..	..
56.	.	13	7	..	14	2	..	27	9	..	..
57.	.	2	18	..	2	12	2	4	30	2	2
58.	.	2	17	1	2	12	2	4	29	3	3

TABLE 28--Continued

		Svc. Delivery Status Reported By:									
		ACSO-SWO N=20				ACSO-Non SWO N=16				Total N=36	
Social Welfare Services		Svc. Provided?		No, but Should		Svc. Provided?		No, but Should		Svc. Provided?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
59.	.	9	8	3	7	5	4	4	15	14	7
60.	.	1	18	1	11	4	1	1	29	5	2
61.	.	4	15	1	12	2	12	2	27	6	3
62.	.	1	18	1	12	3	12	1	30	4	2
63.	.	16	2	2	..	16	..	..	2	32	2
64.	.	16	1	3	3	12	3	1	4	28	4
65.	.	7	11	2	12	2	1	2	23	9	4
66.	.	15	5	..	1	15	1	..	6	30	..
67.	.	3	16	1	5	10	5	1	21	13	2
68.	.	3	16	1	11	3	11	2	27	6	3
69.	.	1	19	..	12	1	12	3	31	2	3
70.	.	19	1	..	..	15	..	1	1	34	1
71.	.	16	2	2	2	12	2	2	4	28	4
72.	.	7	10	3	8	5	8	3	16	12	6
73.	.	15	4	1	3	11	3	2	7	26	3
74.	.	..	19	1	13	..	13	3	32	..	4
75.	.	4	10	6	9	3	9	4	19	7	10
76.	.	4	13	3	6	10	6	..	19	14	2
77.	.	9	6	5	5	7	5	4	11	16	9
78.	.	13	2	5	2	10	2	4	4	23	9

TABLE 28--Continued

		Svc. Delivery Status Reported By:									
		ACSO-SWO N=20				ACSO-Non SWO N=16				Total N=36	
Social Welfare Services		Svc. Provided?		Svc. Provided?		Svc. Provided?		Svc. Provided?		Svc. Provided?	
		Yes	No	No, but Should	Yes	No	No, but Should	Yes	No	Yes	No, but Should
79.	...	12	3	5	10	2	4	22	5	9	
80.	...	18	1	1	15	1	..	33	2	1	
81.	...	<u>8</u>	9	3	<u>6</u>	7	3	<u>14</u>	16	6	
82.	...	3	10	7	6	7	3	9	17	10	
83.	...	4	12	4	4	9	3	8	21	7	
84.	...	17	3	..	11	3	2	28	6	2	
85.	...	15	2	3	11	3	2	26	5	5	
Total. . .		781	677	202	639	541	148	1420	1218	350	
ACSO-SWO:											
Mean for Svc. Provided by Centers--9.51											
Mean for Svcs. Not Provided by Centers--8.27											
ACSO-Non SWO:											
Mean for Svcs. Provided by Centers--7.79											
Mean for Svcs. Not Provided by Centers--6.68											
All Respondents:											
Mean for Svcs. Provided by Centers--17.30											
Mean for Svcs. Not Provided by Centers--14.69											

Note: Figures underlined are the 10 highest values above the mean.
Abbreviations used have the following meaning:
ACSO-SWO--ACS Officer is a Social Work Officer
ACSO-Non SWO--ACS Officer is not a Social Work Officer

TABLE 29

IDENTIFICATION OF NEEDED SOCIAL WELFARE SERVICES
AS REPORTED BY FIVE RESPONDENT GROUPS

Social Welfare Services	Svcs. Needed as Identified By					Total N=98
	ACSO N=36	SWO N=8	O.O. N=4	CSE/EM N=26	VC/D N=24	
1.	1	1	1	..	1	4
2.	6	..	1	7	1	15
3.	5	..	1	4	1	11
4.	3	..	..	..	..	3
5.	3	..	..	..	1	4
6.	5	1	..	1	1	8
7.	1	..	1	1	1	4
8.	8	1	1	6	5	21
9.	8	..	..	6	6	20
10. . . . .	..	..	..	..	..	..
11.	3	..	..	3	2	8
12.	1	..	..	..	1	2
13.	3	1	1	2	2	9
14.	3	..	..	2	2	7
15.	1	1	..	3	3	8
16.	1	1	1	3	4	10
17. . . . .	..	..	..	..	..	..
18.	3	..	..	1	1	5
19.	7	2	2	8	3	22
20.	10	2	1	6	1	20
21.	9	1	1	5	..	16
22.	1	..	1	3	1	6
23.	4	..	..	3	2	9
24. . . . .	..	..	..	..	..	..
25.	4	..	..	..	1	5
26.	2	..	..	2	1	5
27.	5	2	..	5	4	16
28.	1	..	..	1	1	3
29.	6	2	1	6	1	16
30.	9	2	1	5	1	18

TABLE 29--Continued

Social Welfare Services	Svcu. Needed As Identified By					Total N=98
	ACSO N=36	SWO N=8	O.O. N=4	CSE/EM N=26	VC/D N=24	
31.	9	2	1	4	..	16
32.	2	..	..	1	2	5
33.	2	..	..	..	1	3
34.	3	..	..	1	2	6
35.	1	1	..	..	..	2
36.	3	2	1	2	4	12
37.	2	1	1	2	1	7
38.	4	1	1	3	2	11
39.	3	1	1	2	3	10
40. . . . .	..	..	..	..	..	..
41.	1	..	..	2	2	5
42.	1	1	..	4	2	8
43.	2	..	..	..	..	2
44.	1	..	..	1	3	5
45.	4	1	..	3	1	9
46.	4	1	2	2	1	10
47.	9	5	1	7	11	33
48.	11	3	1	7	11	33
49.	7	1	..	3	8	19
50.	11	3	1	6	9	30
51.	9	2	2	3	5	21
52.	4	..	..	4	1	9
53.	9	..	..	3	4	16
54.	9	..	..	5	7	21
55. . . . .	..	..	..	..	..	..
56. . . . .	..	..	..	..	..	..
57.	2	..	..	6	1	9
58.	3	..	..	3	2	8
59.	7	2	..	4	6	19
60.	2	..	..	2	1	5
61.	3	1	..	..	1	5
62.	2	1	1	2	1	7
63.	2	..	..	1	5	8
64.	4	..	1	1	4	10
65.	4	..	1	4	5	14

TABLE 29--Continued

Social Welfare Services	Svcs. Needed as Identified By					Total N 98
	ACSO N=36	SWO N=8	O.O. N=4	CSE/EM N=26	VC/D N=24	
66. . . . .	..	..	1	5	3	9
67.	2	..	..	3	1	6
68.	3	1	..	5	4	13
69.	3	..	..	2	3	8
70.	1	..	..	..	1	2
71.	4	1	..	4	4	13
72.	6	1	1	5	6	19
73.	3	1	..	2	3	9
74.	4	1	..	4	2	11
75.	10	2	1	6	6	25
76.	3	1	..	4	3	11
77.	9	1	1	5	6	22
78.	9	1	..	7	4	21
79.	9	..	1	5	6	21
80.	1	..	..	3	1	5
81.	6	..	..	4	4	14
82.	10	1	..	8	5	24
83.	7	2	1	8	5	23
84.	2	1	..	3	2	8
85.	5	1	1	7	1	15
Total . . .	350	61	36	261	224	932

ACSO: Mean for Svcs. Needed = 4.49

SWO: Mean for Svcs. Needed = 1.45

O.O.: Mean for Svcs. Needed = 1.09

CSE/EM: Mean for Svcs. Needed = 3.78

VC/D: Mean for Svcs. Needed = 3.07

All Respondents: Mean for Svcs. Needed = 11.80

TABLE 30

RESPONDENTS' PREFERENCES: DELIVERY OF SPECIFIC SOCIAL WELFARE SERVICES BY PROFESSIONAL, SUBPROFESSIONAL, AND NONPROFESSIONAL PERSONNEL

Personnel Preference ^a Reported ^b by																										
Social Welfare Services		Pro Resp N=30						Subpro Resp N=32						Nonpro Resp N=36												
		Pro		Sub		Non		Pro		Sub		Non		Pro		Sub		Non								
		1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3							
1.	20	16	70	..	..	3	77	50	12	25	..	3	65	33	22	25	..	..	11	47
2.	17	70	37	..	37	20	20	25	34	44	3	16	47	30	25	28	..	..	11	44
3.	26	50	43	..	23	43	43	34	19	41	3	9	63	22	22	33	3	3	11	42
4.	7	80	23	..	63	13	13	13	66	31	..	41	19	6	56	22	..	..	36	8
5.	3	87	23	..	67	7	7	6	66	41	..	34	16	3	56	14	..	..	42	3
6.	3	83	23	..	63	7	7	9	66	31	..	44	19	6	58	17	..	..	42	6
7.	10	80	27	..	60	17	17	13	59	44	..	31	28	6	50	31	..	..	31	17
8.	3	90	33	..	57	3	3	6	66	16	..	59	16	3	61	19	..	..	44	5
9.	3	90	17	..	73	3	3	3	75	3	3	75	3	3	64	14	..	..	50	3
10.	3	93	3	..	90	3	3	3	81	6	..	75	3	3	61	3	..	..	58	3
11.	90	7	..	87	3	3	6	69	16	6	59	6	3	61	11	..	..	50	3
12.	90	..	3	3	..	90	90	72	3	9	..	..	78	47	8	14	6	3	3	50
13.	93	..	7	3	..	97	97	75	..	3	3	..	75	61	3	8	8	8	3	61
14.	87	3	10	3	3	93	93	47	13	28	..	3	66	47	8	17	8	6	6	53
15.	87	3	..	3	3	83	83	81	..	..	6	..	75	67	..	..	..	6	..	61
16.	57	13	27	3	3	70	70	41	19	22	..	9	53	42	8	14	8	11	..	50

TABLE 30--Continued

Personnel Preference ^a Reported ^b by																					
Social Welfare																					
Services	Pro Resp N=30						Subpro Resp N=32						Nonpro Resp N=36								
	Pro			Sub			Pro			Sub			Pro			Sub			Non		
	Pro	Sub	Non	Pro	Sub	Non	Pro	Sub	Non	Pro	Sub	Non	Pro	Sub	Non	Pro	Sub	Non			
17.	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3			
18.	20	60	37	3	37	30	16	50	28	..	34	28	22	28	22	3	25	39			
19.	60	13	17	..	7	70	59	3	9	..	3	69	56	8	6	..	8	61			
20.	77	7	..	7	10	73	69	..	9	..	..	78	50	8	11	3	3	56	
21.	27	50	30	10	33	30	22	41	28	3	28	34	33	35	11	3	19	36			
22.	27	50	27	13	37	27	28	41	34	6	19	34	28	19	22	3	11	39			
23.	43	27	30	..	20	67	47	9	19	..	6	63	36	6	22	3	6	53			
24.	57	27	23	7	10	57	50	16	19	6	9	56	44	11	8	8	11	44			
25.	20	60	30	..	37	27	16	50	31	..	25	22	11	39	17	..	36	25			
26.	50	23	30	3	13	67	47	25	16	..	13	50	39	11	11	3	11	44			
27.	13	77	27	3	50	10	6	69	13	..	56	6	11	42	11	3	39	17			
28.	3	90	3	..	87	3	3	75	13	..	66	6	..	67	14	..	56	3			
29.	17	50	63	..	13	43	22	28	44	..	9	47	14	31	19	..	28	31			
30.	80	10	..	3	10	77	66	3	9	3	..	69	39	17	17	3	8	44			
31.	20	67	30	3	40	20	25	41	31	6	21	31	28	33	17	3	22	31			
32.	20	63	33	7	37	20	22	41	41	6	22	38	17	42	17	6	33	19			
33.	37	30	37	..	13	57	56	13	13	..	6	63	44	11	8	3	11	50			
34.	13	63	37	..	40	27	19	53	22	..	41	28	8	42	22	3	31	17			
35.	83	3	3	..	3	87	75	..	..	..	..	75	44	3	14	..	3	58
36.	57	7	13	..	3	67	56	6	13	..	..	63	50	..	17	3	..	64	
37.	..	80	27	3	63	7	13	53	22	..	34	16	..	56	17	3	50	8			

TABLE 30--Continued

Personnel Preference ^a Reported ^b By																		
Social Welfare Services																		
Pro Resp N=30					Subpro Resp N=32					Nonpro Resp N=36								
Sub		Non		Pro	Sub		Non		Pro	Sub		Non		Pro	Non			
Pro	1	3	1		3	Pro	1	3		1	3	Pro	1		3	1	3	1	3
57.	7	77	20	..	63	13	6	69	38	..	34	9	31	31	11	11	31	31
58.	3	83	33	..	60	13	13	59	31	..	28	13	8	56	11	..	47	11
59.	13	60	17	7	53	17	13	59	19	6	41	6	8	58	8	3	53	8
60.	10	70	37	3	50	23	3	69	38	..	34	6	19	44	14	..	33	22
61.	17	70	33	..	43	23	13	56	41	3	22	16	17	39	19	6	28	19
62.	37	50	33	..	27	47	22	44	34	..	16	28	19	33	19	11	25	19
63.	50	30	20	10	20	50	28	31	34	6	16	41	28	22	8	11	31	33
64.	67	7	20	..	3	83	69	3	9	3	..	72	42	11	17	6	11	53
65.	3	87	13	3	80	7	9	66	19	..	50	13	6	58	8	3	53	6
66.	17	53	33	..	33	30	13	55	16	..	44	16	11	51	14	3	41	11
67.	23	43	43	..	23	47	9	56	38	..	28	19	16	41	19	3	27	19
68.	27	50	27	..	33	37	28	28	34	..	16	50	35	22	14	5	16	38
69.	30	50	20	10	43	33	6	59	34	..	38	19	22	30	5	8	30	19
70.	30	33	33	..	23	53	16	56	22	..	41	22	..	51	19	3	43	8
71.	10	73	20	..	57	13	13	66	19	..	49	13	3	54	14	6	49	6
72.	3	80	30	..	57	10	25	44	31	..	19	31	17	40	23	..	29	29
73.	3	80	13	..	67	3	9	63	19	..	44	9	6	66	9	..	60	9
74.	13	80	30	7	53	10	16	53	19	3	34	13	14	40	14	6	29	11
75.	3	80	13	3	70	3	9	63	13	..	50	9	6	57	9	3	49	3
76.	30	37	47	..	13	53	34	16	41	..	3	63	31	14	19	3	8	42

TABLE 30--Continued

Personnel Preference ^a Reported ^b By																		
Social Welfare Services	Pro Resp N=30						Subpro Resp N=32						Nonpro Resp N=36					
	Sub			Non			Sub			Non			Sub			Non		
	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	Pro	
77.	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3
77.	67	17	3	..	17	70	53	16	13	..	9	59	25	14	22	6	17	44
78.	77	3	..	17	7	63	66	6	6	..	6	72	36	8	19	..	8	56
79.	80	..	7	..	..	87	59	9	16	3	..	63	33	25	25	..	11	44
80.	13	57	50	..	27	33	19	47	19	..	38	28	8	53	19	..	42	17
81.	47	23	20	13	23	53	19	47	22	6	28	16	8	42	22	3	36	22
82.	50	20	17	10	20	57	22	38	28	6	19	25	14	25	19	11	31	28
83.	60	20	27	7	7	67	25	31	38	6	16	41	19	31	22	11	25	25
84.	43	20	23	17	20	40	28	25	31	6	16	44	17	33	17	14	36	22
85.	..	80	3	3	83	3	3	63	9	6	59	3	..	58	6	8	61	..

^aThe respondents used the following codes/categories to indicate their personnel

preferences: 1--First Choice

2--Second Choice

3--Not at all

Only "1" and "3" responses were used in the data analysis.

^bFigures reported are the percentage of respondents who replied as indicated. Percentages do not total 100 because respondents who provided no data or who made incorrect responses are not reported in the table.

APPENDIX V

TABLES 31-33

TABLE 31

STAFF RESPONSIBILITY FOR PROVISION OF SOCIAL WELFARE SERVICES AS ASSIGNED BY ACS
OFFICERS-SOCIAL WORK OFFICERS
(N=20)

Social Welfare Services ^a	Staff Member Primarily Responsible for Providing Service				
	ACSO	SWO	CSE/ EM ^b	VOL	OO
1. Financial assistance in the form of loans	8	1	5	..	2
2. Consumer-buying counseling.	3	1	1	4	1
3. Credit counseling	6	1	4	1	1
4. Services related to post/installation housing	2	..	3	7	..
5. Arrange temporary housing for transients, new arrivals, etc.	2	..	3	6	..
7. Relocation assistance and counseling: for arriving and departing personnel and dependents.	2	..	6	8	..
8. Central clearance office for departing personnel-families. . . . .	..	1	1	4	..
9. Registering incoming-arriving personnel and families.	1	..	3	6	..
10. Lending closet. . . . .	..	..	2	17	..
11. Emergency transportation.	1	..	2	14	..
12. Casework counseling.	11	4	1	1	..
15. Treatment for children and teenagers with social problems as delinquency, drug-use, drop-outs.	9	2	..	..	..
17. Resource file and referral assistance regarding resources for mentally handicapped.	3	1	5	8	..
24. Resource file and referral assistance regarding resources for physically handicapped.	4	1	5	8	..

TABLE 31--Continued

Social Welfare Services ^a		Staff Member Primarily Responsible for Providing Service				
		ACSO	SWO	CSE/ EM ^b	VOL	OO
27.	Transportation and escorter service for the handicapped . . . . .	..	..	1	7	..
28.	Assistance related to Veterans' Administration benefits	4	1	3	1	..
34.	Marriage counseling	11	4	1	..	..
36.	Waiting-wives assistance (e.g., home maintenance class, auto maintenance class, etc.)	1	..	..	10	..
37.	Waiting-wives program-activities	4	..	2	8	..
38.	Waiting Wives Bulletin . . . . .	..	..	..	10	..
41.	Parent-child counseling	11	5	..	..	..
42.	Child protective services	5	6	..	..	..
43.	Emergency-temporary child care . . . . .	..	1	2	13	..
45.	Baby-sitting service where a reference file of available sitters is maintained and sitting is also provided.	1	..	1	11	..
49.	Welcoming services--home visiting . . . . .	..	..	..	12	..
51.	Programs encouraging broader participation of residents in Army community agencies	4	..	..	3	..
53.	Programs aimed at strengthening family life	7	..	..	..	..
56.	Securing dependent ID cards	1	1	9	2	..
59.	Homemaker services and assistance . . . . .	..	..	2	5	..
63.	Assistance to next of kin in casualty situations.	7	2	..	5	..
64.	Counseling for widows and children of deceased servicemen	9	3	1	1	..

TABLE 31 --Continued

Social Welfare Services ^a	Staff Member Primarily Responsible for Providing Service				
	ACSO	SWO	CSE/ EM ^b	VOL	OO
66. Emergency relief in case of fire, theft, disaster; relief may be emergency clothing, housing, transportation, food, etc.	4	..	4	7	..
70. Referrals for services.	5	3	4	5	..
71. Services to foreign-born wives.	2	..	1	7	..
73. Interpreters for language problems. . . . .	..	..	2	13	..
78. Community planning for social services to help initiate new services and eliminate super- fluous ones	11	1	..	..	..
79. Community councils for coordinating of services available and provide information through publicity about these services. Provide an opportunity . . . to get together and discuss mutual problems	10	..	..	..	..
80. Information and referral service where a list- ing is kept of social service agencies and basic information about them for referral purposes.	1	2	6	8	1
84. Adult volunteer training programs	10	1	..	4	..
85. Volunteer Newsletter.	2	..	..	13	..
Total	162	42	80	229	5
Mean for ACSO	5.06				
Mean for SWO.	2.10				
Mean for CSE/EM	2.97				
Mean for VOL.	7.16				

TABLE 31--Continued

^aIn Tables 31 and 32, services were not listed numerically from 1-85, but were numbered as they appeared in the questionnaire.

^bAbbreviation for staff member--civilian social work assistant or enlisted case aide.

In Tables 31-32, figures when summed horizontally may not equal N because some respondents did not report any data. Also, data which indicated service was not provided were not reported in the tables.

TABLE 32

STAFF RESPONSIBILITY FOR PROVISION OF SOCIAL WELFARE
SERVICES AS ASSIGNED BY ACS OFFICERS
(N=15a)

Social Welfare Services	Staff Member Primarily Responsible for Providing Service			
	ACSO	SWO	CSE/EM	VOL
1. Financial assistance in the form of loans	9	..	2	..
2. Consumer-buying counseling.	3	..	1	2
3. Credit counseling	5	..	3	2
4. Services related to post/installation housing	4	..	1	4
5. Arrange temporary housing for transients, new arrivals, etc.	4	..	1	3
6. Off-post/installation housing referral service.	2	..	..	6
7. Relocation assistance and counseling: for arriving and departing personnel and dependents.	3	..	4	4
9. Registering incoming-arriving personnel and families. . . . .	..	..	1	9
10. Lending closet. . . . .	..	..	..	14
11. Emergency transportation. . . . .	..	..	..	9
12. Casework counseling	4	4	1	..
13. Adoption counseling and arrangements.	2	3	1	..
14. Placement of unwed mother in unwed mother home. . . . .	..	2	2	..
17. Resource file and referral assistance regarding resources for mentally handicapped.	1	4	1	4
24. Resource file and referral assistance regarding resources for physically handicapped.	1	3	..	3
27. Transportation and escorter service for the handicapped	1	..	..	4

TABLE 32--Continued

Social Welfare Services		Staff Member Primarily Responsible for Providing Service			
		ACSO	SWO	CSE/EM	VOL
28.	Assistance related to Veterans' Administration benefits.	5	..	2	2
34.	Marriage counseling	1	2	1	..
36.	Waiting-wives assistance (e.g., home maintenance class, auto maintenance class, etc.) . . . . .	..	..	..	6
37.	Waiting-wives program-activities. . . . .	..	..	..	9
38.	Waiting Wives Bulletin. . . . .	..	..	..	9
43.	Emergency-temporary child care. . . . .	..	..	..	9
44.	Foster home finding and related counseling. . . . .	..	4	2	1
45.	Baby-sitting service where a reference file of available sitters is maintained and sitting is also provided . . . . .	..	..	..	10
48.	Army-life orientation courses for Junior Officer and Junior Enlisted wives	1	..	..	7
49.	Welcoming services--home visiting . . . . .	..	..	1	4
51.	Programs encouraging broader participation of residents in Army community agencies.	4	..	..	5
52.	Family counseling	1	3	1	..
56.	Securing dependent ID cards	5	..	2	1
63.	Assistance to next of kin in casualty situations.	6	..	2	6
64.	Counseling for widows and children of deceased servicemen.	7	1	1	..
66.	Emergency relief in case of fire, theft, disaster; relief may be emergency clothing, housing, transportation, food, etc.	3	..	1	6

TABLE 32--Continued

Social Welfare Services	Staff Member Primarily Responsible for Providing Service			
	ACSO	SWO	CSE/EM	VOL
67. Services concerning nursing homes . . . . .	..	1	1	1
70. Referrals for services.	4	1	2	4
71. Services to foreign-born wives.	2	..	..	3
73. Interpreters for language problems.	1	..	..	8
76. Pre-retirement counseling	6	..	1	..
77. Involve users of services in policy formulation and determination	5	..	..	..
78. Community planning for social services to help initiate new services and eliminate superfluous ones	2	..	..	1
79. Community councils for coordinating of svcs. available and provide information through publicity about these svcs. Provide an opportunity . . . to get together and discuss mutual problems . . .	6	..	..	2
80. Information and referral svc. where a listing is kept of social svc. agencies and basic information about them for referral purposes	1	2	3	4
84. Adult volunteer training programs	5	..	1	2
85. Volunteer Newsletter. . . . .	..	..	..	9
Total.	104	30	39	173
Mean for ACSO	3.47			
Mean for SWO	2.50			
	Mean for CSE/EM.	1.56		
	Mean for VOL	5.09		

^aOne of the 16 ACS Officers did not report any data.

TABLE 33

UTILIZATION OF SOCIAL WELFARE SERVICES BY ARMY
PERSONNEL AS REPORTED BY ACS OFFICERS
(N=35^a)

Social Welfare Services	Personnel Who Most Utilize Service			
	AD OFF	OFF DEP	AD EM	EM DEP
1.	20	6
2.	8	8
3.	13	9
4.	1	14	7
5.	1	9	9
6.	8	6
7.	12	14
8.	9	2
9.	1	1	13	4
10.	1	1	14	13
11.	8	16
12.	8	18
13.	3	2	8
14.	6
15.	1	13
16.	1	..	1
17.	1	4	23
18.	2	4
19.	1	2	7
20.	1	6
21.	1	6
22.	1	3
23.	2	5
24.	1	3	21
25.	1
26.	2
27.	10
28.	1	..	3	5
29.	5
30.	5

TABLE 33--Continued

Social Welfare Services	Personnel Who Most Utilize Service			
	AD OFF	OFF DEP	AD EM	EM DEP
31.	5
32.	3	2
33.	9
34.	1	..	3	16
35.	1	4
36.	4	..	13
37.	7	..	15
38.	4	1	11
39.	5
40.
41.	2	15
42.	1	1	12
43.	1	1	22
44.	12
45.	8	1	12
46.	1	..	4
47.	1	..	5
48.	4	1	4
49.	2	1	12
50.	1	1	10
51.	2	3	10
52.	1	2	17
53.	2	9
54.	3
55.
56.	2	19
57.	3
58.	3
59.	1	1	8
60.	2
61.	5
62.	2
63.	2	25
64.	21
65.	9
66.	5	19
67.	1	..	3
68.	2
69.	2
70.	4	24

TABLE 33--Continued

Social Welfare Services	Personnel Who Most Utilize Service			
	AD OFF	OFF DEP	AD EM	EM DEP
71. . . . .	..	..	..	15
72. . . . .	..	1	..	11
73. . . . .	..	..	2	20
74. . . . .	..	..	..	..
75. . . . .	..	..	..	3
76. . . . .	..	..	7	2
77.	1	1	1	4
78.	2	1	..	10
79.	3	..	1	9
80. . . . .	..	2	2	23
81.	1	1	2	6
82. . . . .	..	..	..	3
83. . . . .	..	2	..	3
84. . . . .	..	5	1	13
85. . . . .	..	5	..	15
Total.	11	68	211	753
Mean	1.38	2.13	4.31	9.18

^aOne of the 36 ACS Officers did not report data on any questions.

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